



Continuing Medical Education TMA Accreditation Requirements

Published by the Texas Medical Association Physician Education Services Department, 401 West 15th Street, Austin, Texas 78701, (512) 370-1446

This manual supersedes all previous publications concerning the policies, procedures, and criteria for accreditation by the Texas Medical Association.

Revised November 2023

Table of Contents

GENERAL INFORMATION	3
I. American Medical Association	3
AMA PRA/AMA PRA Credit System	3
AMA PRA Category 1 Credit™	3
Certification of Activities for AMA PRA Category 1 Credit™ by Accredited CME Providers	3
AMA Credit Designation Statement	3
AMA Direct Credit Activities	4
II. Texas Medical Board CME Requirements	4
GENERAL ACCREDITATION OVERVIEW	7
I. Definition and Purpose of Accreditation	7
II. Roles of ACCME and TMA in CME	7
III. Eligibility for TMA Accreditation	8
IV. Dual Accreditation	8
PROCEDURES FOR OBTAINING CME ACCREDITATION	9
I. Initial Accreditation for New Applicants	9
II. Resurvey of Accredited Providers	11
III. Accreditation Extensions and Late Self-Study Reports	12
IV. Early Survey or Special Report	12
TYPES AND DURATION OF ACCREDITATION	13
I. Types and Duration	13
1. Provisional Accreditation (For Initial Applicants Only)	13
2. Accreditation	13
3. Accreditation with Commendation	13
4. Probation	13
5. Nonaccreditation	14
II. Progress Reports	14
TMA ACCREDITATION REQUIREMENTS AND POLICIES	16
I. Texas Medical Association Accreditation Criteria	16
II. Standards for Integrity and Independence in Accredited Continuing Education	23
III. TMA Policies	28
1. Public and Confidential Information about Accredited Providers	28
2. TMA-Accredited Provider Logos	29
3. Publicizing TMA Accreditation	29
4. Accreditation Statement	29
5. Joint Providership	30
6. Administrative Deadlines	31
7. CME Activity and Attendance Records Retention	31
8. CME Content and the American Medical Association Physician's Recognition Award	31
9. CME Content: Definition and Examples	32
10. Content Validity of Enduring Materials	32
11. Fees for TMA-accredited Providers	32
12. HIPAA Compliance Attestation	33
13. CME Program Business and Management Procedures	33
General Program Updates	34
CME Committee	34
Hospital System/Multi-Facility Accreditation	34
CME Consortia	35
Mergers or Acquisitions Involving CME-Accredited Organizations	36
14. Procedures for Inquiries and Allegations of Noncompliance	38
15. Reconsideration and Appeal of Adverse Accreditation Decisions	41
Glossary of Terms	44

GENERAL INFORMATION

The American Medical Association (AMA) has requirements that every activity certified for *AMA PRA Category 1 Credit™* must meet. Please refer to the AMA Physician's Recognition Award credit system booklet for more information on any of these topics described in this section. The designation of *AMA PRA Category 1 Credit™* for specific CME activities is not within the purview of Texas Medical Association as an accrediting body. Consultation regarding the PRA and its requirements, however, is available. Contact the AMA for CME questions at (312) 464-4668 or pra@ama-assn.org. Email cppd@ama-assn.org for comments and suggestions on the PRA credit system. To stay up to date on the AMA PRA credit system, sign up to receive the AMA Med Ed Update newsletter at www.ama-assn.org/member-benefits/personal-member-benefits-discounts/email-newsletter-publications.

I. American Medical Association

AMA PRA/AMA PRA Credit System

The AMA Physician's Recognition Award (PRA) has recognized physician participation in continuing medical education (CME) since 1968. The AMA established the PRA certificate and the related AMA PRA credit system to recognize physicians who, by participating in CME activities, demonstrate their commitment to staying current with advances in medicine. AMA PRA credit has been accepted as an educational metric for the purposes of state licensure, professional credentialing, hospital privileging and maintenance of certification of physicians.


AMA PRA Category 1 Credit™

The type of CME credit that physicians earn by participating in the following:

- Certified activities sponsored by CME providers accredited by either the Accreditation Council for Continuing Medical Education (ACCME) or an ACCME-recognized State/Territory Medical Society (e.g., Texas Medical Association).
- Activities recognized by the AMA as valid educational activities and awarded directly by the AMA.
- Certain international activities recognized by the AMA through its International Conference Recognition Program.

AMA AND CME

All CME educational activities developed and presented by a provider accredited by TMA and associated with *AMA PRA Category 1 Credit™* must be developed and presented in compliance with all TMA accreditation requirements and all requirements of the AMA PRA program.

 Accredited providers must be familiar with AMA requirements. To access the AMA Physician's Recognition Award and credit system booklet and frequently asked questions, and more, go to www.ama-assn.org/education/ama-pra-credit-system/ama-pra-credit-system-requirements

Certification of Activities for *AMA PRA Category 1 Credit™* by Accredited CME Providers

Only organizations accredited as CME providers by the ACCME, or their state medical society may designate a CME activity for *AMA PRA Category 1 Credit™*. An accredited organization's authority to designate credit for its CME activities extends only to credit for the AMA PRA. Designation of CME credit is the declaration that an activity meets the requirements for a specific type of credit. Accredited CME providers have the authority to determine which of their activities meet these requirements, assume the responsibility and accountability for developing certified educational activities, and must ensure that activities certified for *AMA PRA Category 1 Credit™* meet all AMA requirements, which include (a) core requirements, (b) format-specific requirements, and (c) requirements for designating and awarding *AMA PRA Category 1 Credit™*.

AMA Credit Designation Statement

The statement that indicates to physicians that the activity has been certified for *AMA PRA Category 1 Credit™* and includes the **type of activity** and **number of credits**. Accredited organizations are responsible

for informing participants when they have designated an activity for credit, and the number of credits offered upon its completion. This is done through publication of the AMA Credit Designation Statement, which must appear on all CME activity materials, in both print and electronic format (e.g., brochure, flyer, enduring material publication, landing page of an internet activity, etc.), that reference CME credit distributed by TMA-accredited providers, except that the designation statement does not need to be included on the initial, save-the-date type of activity announcements. Such announcements contain only general, preliminary information about the activity such as date, location, and title. If more specific information is included such as faculty and objectives, etc., the designation statement must be included. Statements on promotional materials to the effect that CME credit is “pending” or “applied for” are PROHIBITED by the AMA and TMA.

The AMA Credit Designation Statement must:

- Be written without paraphrasing,
- Be listed separately from accreditation or other (e.g., medical ethics and/or professional responsibility, pain management and the prescription of opioids, human trafficking) statements,
- Use the complete italicized, trademarked phrase *AMA PRA Category 1 Credit™*, and
- Use one of the following AMA approved learning formats:
 - Live activity
 - Enduring material
 - Journal-based CME activity
 - Test-item writing activity
 - Manuscript review activity
 - PI CME activity
 - Internet point-of-care activity
 - Other activity (<<provide a short description>>)*

The following AMA Credit Designation Statement must be included in relevant announcements and activity materials (replace the << >> with the information requested):

The <<name of accredited CME provider>> designates this <<learning format>> for a maximum of <<number of credits>> *AMA PRA Category 1 Credit(s)™*. Physicians should claim only the credit commensurate with the extent of their participation in the activity.

*CME providers may designate an activity format as “other” if it does not fall into one of the established format categories. For activities in the “Other activity” format, use the following for the AMA Credit Designation Statement (replace the << >> with the information requested):

The <<name of the accredited CME provider>> designates this Other activity (<<provide short description>>) for a maximum of <<number of credits>> *AMA PRA Category 1 Credit(s)™*. Physicians should claim only the credit commensurate with the extent of their participation in the activity.

AMA Direct Credit Activities

Activities that do not occur under the auspices of an accredited CME provider and for which the AMA directly awards credit to physicians who meet the requirements as listed in the *AMA Physician’s Recognition Award credit system* booklet.

II. Texas Medical Board CME Requirements

The Texas Medical Board (TMB) administers a CME requirement for physicians who apply for the Texas medical license. Physicians must complete 48 credits of CME every 24 months based on their biennial registration period. At least 24 credits every 24 months are to be from formal courses certified for *AMA PRA Category 1 Credit™*; or AAFP Prescribed Credit; or AOA Category 1-A Credit. The TMB, as part of the

renewal of the medical license every two years, requires that physicians complete two credits (of the 24 formal) in medical ethics and/or professional responsibility content, at least two credits (of the 24 formal) in pain management and the prescription of opioids, and a course in human trafficking prevention. Below is information about each requirement.

The remaining 24 credits can be from informal self-study, attendance at hospital lectures, grand rounds, or case conferences not approved for formal CME, or journal articles not certified for formal CME. For more information about the CME requirements for renewal of the medical license in Texas, contact the Texas Medical Board at (512) 305-7030 or www.tmb.state.tx.us.

Medical Ethics and/or Professional Responsibility

The TMB requires that accredited CME providers determine the content of medical ethics and/or professional responsibility credits; no specific criteria are offered.

Should an accredited provider designate an activity, or parts of an activity, for medical ethics and/or professional responsibility content, the following statements are recommended (replace the << >> with the information requested):

Suggested Medical Ethics and/or Professional Responsibility Designation Statement:

This course has been designated by <<name of provider>> for <<number of credits>> credit(s) of education in medical ethics and/or professional responsibility.

Or, for a Medical Ethics and/or Professional Responsibility presentation in a larger activity:

The presentation, <<name of presentation>>, has been designated by <<name of provider>> for <<number of credits>> credit(s) of education in medical ethics and/or professional responsibility.

Pain Management and the Prescription of Opioids

The TMB requires that accredited CME providers determine if a course meets the TMB requirements of the content of pain management and the prescription of opioids credits. The course must involve the study of the following topics:

- Best practices, alternative treatment options, and multi-modal approaches to pain management that may include physical therapy, psychotherapy, and other treatments;
- Safe and effective pain management related to the prescription of opioids and other controlled substances, including education regarding:
 - standards of care;
 - identification of drug-seeking behavior in patients; and
 - effectively communicating with patients regarding the prescription of an opioid or other controlled substances; and
- Prescribing and monitoring of controlled substances.

Also, these formal hours must be credited towards the 10 hours of pain management continuing education required relating to operation of pain management clinics for those physicians practicing in pain clinics. For more information on the additional requirements for pain management clinics go to: www.tmb.state.tx.us/page/resources-cme-for-md-dos.

Q AND A:

Q: For the pain management and the prescription of opioids course(s), should every course include all three bulleted topics, or can an accredited CME provider offer a 1-hour course that addresses the first 2 bullet points and another 1-hour course that addresses the 3rd bullet point (recognizing that this may require the physician to take more than one course to meet the requirement that CME be taken on all three topics)?

A: The provider has the flexibility to offer courses that address one or more of the required topics.

Should an accredited provider designate an activity, or parts of an activity, for pain management and the prescription of opioids content, the following statements are recommended (replace the << >> with the information requested):

Suggested Pain Management and the Prescription of Opioids Designation Statement:

This course has been designated by <<name of provider>> for <<number of credits>> credit(s) of education in pain management and the prescription of opioids.

Or, for a Pain Management and the Prescription of Opioids presentation in a larger activity:

The presentation, <<name of presentation>>, has been designated by <<name of provider>> for <<number of credits>> credit(s) of education in pain management and the prescription of opioids.

These formal hours may be credited towards the requirements for medical ethics or professional responsibility for any physician. Should an accredited provider designate an activity, or parts of an activity, for both pain management and the prescription of opioids content, and medical ethics and/or professional responsibility, the following statements are recommended (replace the << >> with the information requested):

Suggested Pain Management and the Prescription of Opioids with Medical Ethics and/or Professional Responsibility Designation Statement:

This course has been designated by <<name of provider>> for <<number of credits>> credit(s) of education in pain management and the prescription of opioids; and medical ethics and/or professional responsibility.

Or, for a Pain Management and the Prescription of Opioids with Medical Ethics and/or Professional Responsibility presentation in a larger activity:

The presentation, <<name of presentation>>, has been designated by <<name of provider>> for <<number of credits>> credit(s) of education in pain management and the prescription of opioids; and medical ethics and/or professional responsibility.

Human Trafficking

The course must be approved by Health and Human Services Commission (HHSC), and the course must be credited towards the requirements for medical ethics or professional responsibility for any physician. For more information about this requirement, and for a list of approved courses, see HHSC's [Health Care Practitioner Human Trafficking Training page](#).

TMA EDUCATION CENTER

Check out the [TMA Education Center](#) for courses available for credit in medical ethics and/or professional responsibility credit, pain management and the prescription of opioids, and human trafficking.

GENERAL ACCREDITATION OVERVIEW

Throughout this document, the term “organization” and “provider” are used broadly to include hospitals, professional societies, agencies, or other entities providing CME for physicians. The term “program” generally refers to an organization’s overall CME effort – the provider’s CME activities and functions taken as a whole. CME “activity” refers to individual conferences, seminars, independent study materials, etc. – an educational offering that is planned, implemented, and evaluated in accordance with the (a) TMA Core Accreditation Criteria, (b) Standards for Integrity and Independence in Accredited Continuing Education, (c) the AMA Physician’s Recognition Award CME credit system standards and policies, (d) the AMA Council on Ethical and Judicial Affairs pertinent opinions, and (e) TMA Policies. Only organizations, institutions, or other CME provider entities are accredited; NOT seminars, conferences, educational materials or speakers. Conferences, seminars, or materials, however, may be designated for credit by an accredited provider.

I. Definition and Purpose of Accreditation

Accreditation is official recognition by a state medical association (e.g., TMA) or the Accreditation Council for Continuing Medical Education (ACCME) that an organization’s overall program of physician CME meets accreditation requirements. The purpose of the accreditation process is to enhance the quality of physician CME by establishing and maintaining educational standards for the development and implementation of formally structured CME programs. This process measures the ability of organizations to plan effective CME activities and to maintain an overall CME program in accordance with these standards.

II. Roles of ACCME and TMA in CME

ACCME

The ACCME is composed of representatives from the following organizations: American Board of Medical Specialties, American Hospital Association, American Medical Association, Association of American Medical Colleges, Association for Hospital Medical Education, Council of Medical Specialty Societies, and Federation of State Medical Boards. The ACCME functions are as follows:

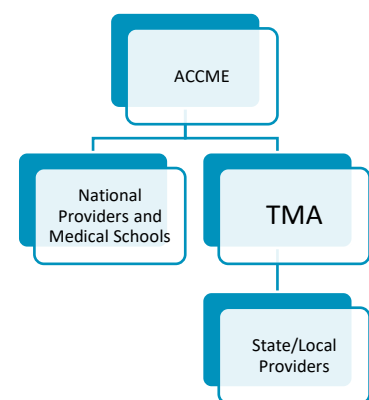
- Sets national standards and guidelines for accreditation of CME providers.
- Accredits state medical societies, medical schools, and entities which provide nationally promoted CME activities.
- Recognizes state medical associations as the accrediting bodies for their states.

TMA

TMA is recognized by the ACCME as the Texas accreditor of intra-state CME providers. TMA sets and enforces the standards for CME provider organizations/activities through review and approval of organizations/activities; and monitors and enforces guidelines for these organizations/activities. TMA’s accreditation requirements and policies are equivalent to the accreditation requirements and policies of the ACCME.

TMA’s Accreditation Program was initiated in 1974 to: (1) assist organizations in developing high quality CME programs, (2) increase physicians’ access to quality practice-based CME in the local community, and (3) identify and accredit Texas entities whose overall CME program substantially meets or exceeds the accreditation requirements and policies of TMA.

THE STATE AND NATIONAL ACCREDITATION PROCESS



TMA's accreditation program is administered under the purview of the TMA Committee on Continuing Education and the TMA Subcommittee on Accreditation. Final accreditation decisions are made by the Committee on Continuing Education. In accordance with ACCME criteria, TMA's Committee on Continuing Education sets Texas standards and guidelines for the accreditation of CME providers and accredits organizations providing CME activities for physicians in Texas and its contiguous borders.

III. Eligibility for TMA Accreditation

Organizations must meet the following criteria to be eligible for TMA Accreditation:

- Be located in Texas;
- Serve a target audience of no more than 30% of physician learners from outside Texas and its contiguous states. Organizations with a national audience should apply for accreditation from the ACCME (www.accme.org);
- Be developing and/or presenting a program of CME for physicians on a regular and recurring basis;
- Demonstrate an overall organizational commitment to the CME program, including physician support, budget support, staffing, and record-keeping resources;
- Not be an ineligible company. Ineligible companies are those whose primary business is producing, marketing, selling, re-selling, or distributing healthcare products used by or on patients.
- Not be developing and/or presenting a program of CME that is, in the judgment of TMA, devoted to advocacy on unscientific modalities of diagnosis or therapy; or promoting recommendations, treatment, or manners of practicing healthcare that are determined to have risks or dangers that outweigh the benefits or are known to be ineffective in the treatment of patients;
- Demonstrate the capacity to comply with the TMA accreditation requirements and policies.

When there is a question regarding eligibility, TMA reserves the right to make decisions on the issue.

IV. Dual Accreditation

A single provider of continuing medical education may not maintain accreditation by the ACCME and TMA at the same time. It is recognized that short periods or overlap may occur when a provider transitions from one accreditation system to the other and continues to be listed as "accredited" by both. When a TMA-accredited provider alters its function and seeks and achieves accreditation from the ACCME, that provider should promptly notify TMA to request to be withdrawn from its accreditation system and deleted from its list of accredited providers of CME. Should an ACCME-accredited provider change its role and become accredited by TMA, a similar procedure must be followed.

PROCEDURES FOR OBTAINING CME ACCREDITATION

To make accreditation decisions, TMA will review the data collected for the accreditation requirements and policies to determine the type of accreditation. Three sources are used to collect this data: (1) Self-Study Report, (2) Performance-in-Practice (activity file review), and (3) the interview. This process is repeated at the end of every term (2-, 4-, or 6-years) for accredited providers; and more frequently where monitoring suggests possible areas for improvement. An organization's accreditation is effective upon the date of committee action and extends until subsequent action, normally taken in the last month of the accreditation term.

I. Initial Accreditation for New Applicants

Organizations meeting TMA eligibility criteria (see “Eligibility for TMA Accreditation” section, page 8) should carefully develop the overall CME program in accordance with the Core Accreditation Criteria, Standards for Integrity and Independence in Accredited Continuing Education, and policies for the accreditation of CME providers. The initial accreditation process is an opportunity for each applicant to demonstrate that its practice of CME is in compliance with TMA's accreditation requirements.

For initial applicants, the accreditation process can take nine to eighteen months. TMA staff and physician representatives are available for consultation and to assist with interpretation and understanding of accreditation requirements and materials. For assistance at any stage in the accreditation process contact: **Casey Harrison, Director of Physician Education Services, (512) 370-1446 or casey.harrison@texmed.org.**

The initial accreditation process is conducted in accordance with the following procedures:

1. Pre-Application

The Pre-Application is designed to help organizations assess their program and determine if they are ready to begin the process. When the organization feels that its program sufficiently meets the Core Accreditation Criteria, Standards, and policies outlined in this manual, the Pre-Application should be completed and submitted to the TMA Physician Education Services Department to casey.harrison@texmed.org. **Contact the Physician Education Services director for TMA at (512) 370-1446 or casey.harrison@texmed.org to request a current version of the Pre-Application.**

2. Preliminary Review of Pre-Application

When the Pre-Application is received, it is reviewed to determine if the organization appears to have the basic structure in place to begin the formal Self-Study Report process. Upon review of the Pre-Application, a recommendation will be made either for the organization to begin the Self-Study Report process or that certain aspects of the program be refined or more fully developed prior to completing the Self-Study Report.

3. Self-Study Report

The Self-Study Report process provides an opportunity for the initial applicant to tell the “story” of their CME Program to TMA and provide background information on how the organization accomplishes its CME mission. This process provides an opportunity for the initial application to assess its commitment to and role in providing continuing medical education; and analyze its current practices and success in meeting its educational mission.

In the Self-Study Report, initial applicants must demonstrate compliance with the Core Accreditation Criteria, Standards, and applicable policies to receive an outcome of Provisional Accreditation with a two-year accreditation term. If any of the above requirements are found to be in Noncompliance, the accreditation outcome will be Nonaccreditation. The specific criteria, Standards, and policies are described later in this manual.

There are four crucial elements that should be in place before the formal Self-Study Report is submitted:

1. A CME Committee providing leadership.
2. Administrative support assigned to the CME effort.
3. Interested physician attendees.
4. A CME track record.

The Self-Study Report should be to TMA submitted within nine months of an approved Pre-Application.

4. First-Level Review of Self-Study Report

When the Self-Study Report is received, it is evaluated by a review team composed of selected members of the Subcommittee on Accreditation and TMA staff. If the review team feels that the Self-Study Report shows preliminary evidence that the organization's program may meet accreditation requirements, an on-site interview will be scheduled prior to the committees' next meetings.

If reviewers feel the Self-Study Report is inadequate for preliminary assessment, they may recommend that an on-site interview be deferred, and the matter submitted for discussion and action by the subcommittee at its next meeting. At this meeting, the subcommittee may recommend that (1) the review process proceed with an on-site interview, (2) an on-site interview be postponed pending additional information or evidence of further development in a particular area, or (3) the organization not be accredited at this time. A recommendation for Nonaccreditation will be taken to the Committee on Continuing Education for action. In such a case, the organization will be notified of the procedures for **Reconsideration and Appeal of Adverse Accreditation Decisions** if this recommendation is approved. See "Reconsideration and Appeal of Adverse Accreditation Decisions" section, page 41.

5. Performance-in-Practice Review (Activity File Review)

In addition to an on-site interview, initial applicants are expected to provide performance-in-practice evidence that demonstrates compliance with the Core Accreditation Criteria, Standards, and all applicable TMA accreditation policies. The provider is required to have these materials documenting how these activities fulfilled accreditation requirements available at the second-level review (on-site interview). The performance-in-practice review process enables TMA to ensure that accredited providers are consistently complying with requirements on an activity level.

The initial applicant will select at least two CME activities completed within the last twenty-four months and complete TMA's Performance-in-Practice Structured Abstract for each of the activities. The activities selected for performance-in-practice review may be conducted in joint providership with a TMA- or ACCME-accredited provider, or they may be offered by initial applicants without CME credit. In all cases, the evidence of performance-in-practice presented from these activities will be an important data source upon which the initial accreditation findings and decision will be based.

6. Second-Level Review (On-site Interview)

Initial applicants are presented with the opportunity to further describe the practices presented in the Self-Study Report and activity files, and provide clarification as needed, in conversation with a team of surveyors. A survey team composed of selected members of the Subcommittee on Accreditation will review performance-in-practice files, and then meet with the provider's applicable physicians, CME staff, and administration for the interview portion of the accreditation process, and then meet with the organization's

CME TRACK RECORD

It is impossible for an organization to demonstrate compliance with the accreditation requirements and policies if it has not produced CME activities prior to preparing the Self-Study Report for accreditation. While it is not mandatory that these activities be granted credit, they must demonstrate compliance with the accreditation requirements and policies and be planned and implemented in accordance with procedures to be utilized by the organization as an accredited provider.

Pre-Application: This verification must come from an activity that has occurred within the **24 months that precede the date of submission of the Pre-Application.**

Self-Study Report: At least two CME activities should be implemented **within the 24 months prior to submission of the Self-Study Report** for initial accreditation. One of these activities should be implemented prior to submission of the Pre-Application.

CME Committee during lunch. The purpose of the interview is for the provider to explain how the CME program fulfills accreditation requirements, and to discuss its strengths, accomplishments, and challenges. The on-site visit normally takes place from 9 am-1:30 pm. The exact schedule is determined by mutual convenience and individual circumstances.

7. Committee Action

Following the interview, the survey team will report its findings to the Subcommittee on Accreditation at its next regularly scheduled meeting. The subcommittee's recommendation is submitted to the Committee on Continuing Education for action. Action by the committee may result in Provisional Accreditation of two years or Nonaccreditation. A decision of Nonaccreditation will be reported to the organization with notification that they may utilize procedures for **Reconsideration and Appeal of Adverse Accreditation Decisions**. See "Reconsideration and Appeal of Adverse Accreditation Decisions" section, page 41. After one year, organizations may later reapply as an initial applicant.

II. Resurvey of Accredited Providers

Resurveys of accredited providers are conducted in accordance with the following procedures:

1. Self-Study Report

Approximately twelve months prior to the expiration of their current accreditation term, accredited providers are notified by email of the need to complete a Self-Study Report and schedule an interview. Self-Study Report deadlines are determined by the dates of scheduled TMA committee meetings, typically January, June, and September.

2. Schedule Interview

Following receipt of the Self-Study Report and Survey Date Preferences form, TMA contacts the provider to schedule an interview.

3. Performance-in-Practice Review (Activity File Review)

After the interview date is confirmed, TMA selects activities to review. TMA emails the provider the list of activities, a copy of TMA's Performance-in-Practice Structured Abstract to complete for each activity, and instructions for submitting the evidence to TMA. Accredited providers are requested to verify that their CME activities are in compliance with TMA accreditation requirements and polices through this review process. This process enables TMA to ensure that accredited providers are consistently complying with requirements on an activity level. The evidence of performance-in-practice presented from these activities will be an important data source upon which the accreditation findings and decision will be based.

4. Interview

The purpose of the interview is for the provider to explain how the CME program fulfills accreditation requirements, and to discuss its strengths, accomplishments, and challenges. For reaccreditation, TMA utilizes an on-site or virtual format for the accreditation interview and performance-in-practice review. To be considered for a virtual format by the Subcommittee on Accreditation and the Committee on Continuing Education, the TMA-accredited organization must not have probationary status in their current accreditation cycle. The Notice of Reaccreditation email includes information regarding the format(s) available to your organization.

TYPICAL TIME FRAME

January

Notification: February
Self-Study Report due: October
Interview: November-January
Committee action: January

June

Notification: July
Self-Study Report due: February
Interview: March-May
Committee action: June/July

September

Notification: October
Self-Study Report due: May
Interview: July-September
Committee action: September

An on-site visit normally takes place from 9 am–1:30 pm. A virtual interview takes approximately 90 minutes. The exact schedule for each interview type is determined by mutual convenience and individual circumstances. TMA’s Subcommittee on Accreditation and Committee on Continuing Education will consider a virtual interview option if circumstances result in a failure to negotiate an on-site interview date, or the location is difficult for surveyors to access.

5. Committee Action

Following the interview, the survey team will report its findings to the Subcommittee on Accreditation at its next regularly scheduled meeting. The subcommittee’s recommendation is submitted to the Committee on Continuing Education for action. Action by the committee may result in (1) Accreditation with Commendation for six years, (2) Accreditation for four years, (3) Probationary Accreditation, or (4) Nonaccreditation.

Decisions of Probation or Nonaccreditation will be reported to the organization with notification that they may utilize the procedures for **Reconsideration and Appeal of Adverse Accreditation Decisions**. See “Reconsideration and Appeal of Adverse Accreditation Decisions” section, page 41. Organizations receiving Nonaccreditation may later reapply as an initial applicant after one year from the date the decision was made.

MISSING OR INCOMPLETE INFORMATION

Providers that meet all the deadlines and submission requirements of the reaccreditation review process will receive an accreditation decision from TMA.

If TMA is unable to render a decision due to missing or incomplete information, TMA reserves the right to request additional information or extend the current accreditation term, the expenses for which will be paid by the provider.

III. Accreditation Extensions and Late Self-Study Reports

If extenuating circumstances prevent a provider from submitting its Self-Study Report for resurvey by the designated deadline, the organization may request a one-time extension of its current accreditation term. If your request is approved, your current accreditation term will be extended approximately four months to the next TMA decision cycle, and your accreditation review will be conducted in the subsequent decision cohort. You will be required to meet the administrative deadlines applicable to the new decision cohort. Requests for extensions must be submitted by email to the Subcommittee on Accreditation two weeks prior to the original deadline for the Self-Study Report. Send requests to: **Casey Harrison, Director of Physician Education Services**, casey.harrison@texmed.org. The Subcommittee may, *at its discretion*, recommend that the Committee on Continuing Education grant the organization an extension of its current accreditation subject to the following stipulations:

- The extension will not exceed 8 months.
- The organization must submit its Self-Study Report for review at the committee’s next meeting.
- The organization must pay the Accreditation Extension Fee. See “Fees for TMA-accredited Providers” section, page 33.

IV. Early Survey or Special Report

TMA may reevaluate an organization at any time less than the period specified for resurvey if information is received from the organization itself, or from other sources, which indicated it has undergone substantial changes and/or may no longer be in compliance with the accreditation requirements and policies. In such cases, additional non-standard resurvey fees may apply.

TYPES AND DURATION OF ACCREDITATION

Accreditation decisions are made by an accreditor (e.g., TMA) concerning the accreditation status of CME providers.

I. Types and Duration

There are five options for accreditation status:

1. Provisional Accreditation,
2. Accreditation,
3. Accreditation with Commendation,
4. Probation, and
5. Nonaccreditation.

1. Provisional Accreditation (For Initial Applicants Only)

Compliance in the following: (1) Core Accreditation Criteria, (2) Standards for Integrity and Independence in Accredited Continuing Education, and (3) applicable policies

Term: 2 years

Note: At the discretion of the Subcommittee on Accreditation and Committee on Continuing Education, if 1-2 criterion are noncompliant, the applicant can resubmit a narrative, two performance-in-practice files, and the Focused Resubmission Fee (see “Fees for TMA-accredited Providers” section, page 33) within a year of the initial accreditation decision to be considered for Provisional Accreditation. If the criteria are non-compliant on the second review, the decision results in Nonaccreditation. The Focused Resubmission option will eliminate the initial applicant from repeating the entire pre-application/self-study process and cost less than another Self-Study Report.

2. Accreditation

Compliance in the following: Core Accreditation Criteria, Standards for Integrity and Independence in Accredited Continuing Education, and policies

Term: 4 years (standard accreditation term)

Note: Any criterion found in noncompliance must be brought into compliance in a Progress Report.

3. Accreditation with Commendation

The highest accreditation status; available only to providers seeking reaccreditation, not to initial applicants.

Compliance in the following: Core Accreditation, Standards for Integrity and Independence in Accredited Continuing Education, policies, and Menu of Commendation Criteria requirements

Term: 6 years

Note: Accredited providers may seek a change in status from Accreditation to Accreditation with Commendation after receiving a noncompliant finding in one commendation criteria or a TMA policy. To be eligible for a change in status, a provider must have been found compliant with all Core Accreditation Criteria, Standards for Integrity and Independence in Accredited Continuing Education, and must have no more than one commendation criterion noncompliant finding or a TMA policy. If the provider submits a Progress Report that is accepted, the provider is eligible for a change in status to Accreditation with Commendation.

4. Probation

Accreditation status given by TMA to accredited providers that seriously deviate from compliance with the accreditation requirements. Probation may also be given to providers whose progress reports are rejected or failure to pay accreditation fees. The accredited provider must correct the noncompliance issues to return to a status of Accreditation.

Any of the following items can result in Probation:

1. Independence – use of ineligible company employees outside of acceptable circumstances:
 - More than one individual, or
 - More than one activity
2. Recurrent (reaccreditation cycle to reaccreditation cycle) noncompliance in the Standards for Integrity and Independence in Accredited Continuing Education,
3. Falsification of evidence, or
4. Noncompliance in five or more criteria
5. Failure to meet TMA deadlines for Self-Study Reports, Progress Reports, or annual reporting of data in the Program and Activity Reporting System (PARS) could result in an immediate change of status to Probation, and subsequent consideration by the Committee on Continuing Education for a change in status to Nonaccreditation.

Term: Providers who receive Probation at reaccreditation receive the standard four-year term. Failure to demonstrate compliance in all criteria and policies within two years will result in Nonaccreditation. Accreditation status, and the ability for a provider to complete its four-year term, will resume when a Progress Report is received, and all criteria and policies are found in compliance by the TMA Committee on Continuing Education.

Restrictions: While on probation, a provider may not jointly provide new activities. Any jointly provided activities already planned may be provided. Providers that receive a decision of Probation in two consecutive accreditation terms are prohibited from jointly providing activities until they regain their accreditation status. The provider must cease all joint providership even existing contracts. If the provider is found to be working in joint providership while under this probation, TMA will immediately change the provider's status to Nonaccreditation.

RECONSIDERATION AND APPEAL

A provider that receives a decision of Probation or Nonaccreditation may request Reconsideration when it feels that the evidence it presented to TMA justifies a different decision. Only material which was considered at the time of the review and survey may be reviewed upon Reconsideration. If, following the Reconsideration, TMA sustains its original action, the organization may request a hearing before an Appeals Board. See “Reconsideration and Appeal of Adverse Accreditation Decisions” section, page 41.

5. Nonaccreditation

The accreditation decision by TMA that a CME provider has not demonstrated compliance with the appropriate TMA requirements.

1. Given to an initial applicant following formal review and an on-site interview when the Committee on Continuing Education determines that an organization is not in compliance with all accreditation requirements.
2. Given to providers on Probation that do not demonstrate that all noncompliance findings have been converted to compliance within not more than two years.
3. Possible result of failure to pay accreditation fees or submit Progress Reports.

II. Progress Reports

TMA expects organizations found to be in noncompliance with Core Accreditation Criteria, Standards for Integrity and Independence in Accredited Continuing Education, or with the policies, to demonstrate compliance through the Progress Report process. TMA will notify providers if a Progress Report is required in the accreditation decision report. Generally, a Progress Report must be reviewed no more than one year from the date of the original finding. A progress report serves as an important opportunity for a provider to demonstrate that it has mechanisms in place to make improvements to its CME program. The requirement to improve is an integral part of the TMA’s accreditation system.

The Progress Report notification is sent to by email well in advance of the specified meeting of the Committee on Continuing Education at which the report will be reviewed. The notification will include submission and format requirements, due dates, and a description of the progress report process. In the report, providers must describe improvements identified and implemented to rectify findings of noncompliance, and current practice now that improvements have been made. Providers must also furnish evidence of performance-in-practice demonstrating compliance. Organizations are required to pay the Progress Report Fee for each report submitted to TMA. See “Fees for TMA-accredited Providers” section, page 33.

Providers will receive a decision from TMA based on a review of all the information and materials submitted as part of the Progress Report. If all criteria or policies that were found to be in noncompliance are not corrected, TMA may require another progress report, and/or a change of status may result.

There may be circumstances when TMA requires clarification at the time of the provider’s next review to be certain the provider is in compliance, or when a Progress Report may be deferred to a future cohort, because, for example, a provider has not had sufficient time within the context of its CME program to implement improvements or to produce evidence to support compliance. A Progress Report review will result in the following feedback from TMA:

- **All Criteria in Compliance:** The provider demonstrated that it has corrected the criteria, Standard(s) or policies that were found to be in noncompliance.
- **All Criteria Not Yet in Compliance:** The provider has not yet demonstrated that it has corrected all the criteria, Standard(s) or policies that were found to be in noncompliance.
- If all criteria, Standard(s) or policies that were found to be in noncompliance are not corrected, TMA may require another Progress Report, a focused interview (a specially arranged interview between TMA and an accredited provider to address noncompliance areas that had been identified in an accreditation review or had not been corrected in a Progress Report) and/or a change of status.

TMA ACCREDITATION REQUIREMENTS AND POLICIES

TMA strives to increase physician access to quality, practice-based CME in the local community by accrediting organizations whose overall CME programs substantially meet or exceed established criteria for education planning and quality. These criteria, called the TMA Accreditation Requirements and Policies, are based on specific elements of organization, structure, and method believed to significantly enhance the quality of formal CME programs. Accreditation is granted based on an organization’s demonstrated ability to plan and implement CME activities in accordance with the accreditation requirements and policies.

There are three parts to TMA Accreditation Requirements and Policies:

- I. Accreditation Criteria (Core Accreditation Criteria and the optional Menu of Criteria for Accreditation with Commendation),
- II. Standards for Integrity and Independence in Accredited Continuing Education, and
- III. TMA Policies.

The accreditation requirements and policies adopted by the TMA Committee on Continuing Education are derived from the accreditation requirements and policies developed by the ACCME. The ACCME system of accreditation governing intrastate accreditors promotes uniform evaluation of CME providers throughout the country.

The **Accreditation Requirements and Criteria** are organized as follows:

- The **CME Mission** criterion describes *why* the organization is providing CME and the **Program Improvement criteria** evaluates how well the organization is accomplishing its purpose in providing CME activities and identifies opportunities for change and improvement in the CME program
- The **Educational Planning and Evaluation** criteria explains *how* the organization plans and provides CME activities, incorporating the **Standards Integrity and Independence in Accredited Continuing Education** to ensure independence. The Standards are designed to ensure that CME activities are independent and free of commercial bias. All accredited CME providers must defer to independence from ineligible companies, transparency, and the separation of CME from product promotion.
- The **Accreditation with Commendation** criteria recognizes the achievements of organizations that advance interprofessional collaborative practice, address public health priorities, create behavioral change, show leadership, leverage educational technology, and demonstrate the impact of education on healthcare professionals and patients.

I. Texas Medical Association Accreditation Criteria

Core Accreditation Criteria

Initial applicants seeking to achieve Provisional Accreditation (2-year term) and providers seeking Accreditation (4-year term) must comply with the Core Accreditation Criteria.

CORE ACCREDITATION CRITERIA	
CME MISSION AND PROGRAM IMPROVEMENT	
Mission	The provider has a CME mission statement, *approved by the governing body, that includes expected results articulated in terms of changes in competence, performance, or patient outcomes that will be the result of the program.
Program Analysis	The provider gathers data or information and conducts a program-based analysis on the degree to which the CME mission of the provider has been met through the conduct of CME activities/educational interventions.

Program Improvements	The provider identifies, plans, and implements the needed or desired changes in the overall program (e.g., planners, teachers, infrastructure, methods, resources, facilities, interventions) that are required to improve on ability to meet the CME mission.
EDUCATION PLANNING AND EVALUATION	
Educational Needs	The provider incorporates into CME activities the educational needs (knowledge, competence, or performance) that underlie the professional practice gaps of their own learners.
Designed to Change	The provider generates activities/educational interventions that are designed to change competence, performance, or patient outcomes as described in its mission statement.
Appropriate Formats	The provider chooses educational formats for activities/interventions that are appropriate for the setting, objectives, and desired results of the activity.
Competencies	The provider develops activities/educational interventions in the context of desirable physician attributes (competencies).
Analyzes Changes	The provider analyzes changes in learners (competence, performance, or patient outcomes) achieved as a result of the overall program's activities/educational interventions.

***TMA addition in Mission criterion.**

Menu of Criteria for Accreditation with Commendation

Accredited providers also have the option to seek Accreditation with Commendation (6-year term). To be eligible for Accreditation with Commendation, CME providers need to demonstrate compliance with all the Core Accreditation Criteria, in addition to eight criteria from the commendation menu. Choosing from the menu, providers need to demonstrate compliance with any seven criteria of their choice, from any category, plus one criterion from the “Achieves Outcomes” category, for a total of eight criteria.

Frequency: Some of the criteria standards require that providers attest to meeting the criterion in a number or percentage of their activities, depending on the program size. For these criteria, TMA expects providers to demonstrate the frequency of activities that have met the critical elements. For these criteria, if the same content is repeated for different audiences, at different times or places, those count as separate instances. This measure is used for the following criteria: Engages Teams, Engages Patients/Public, Engages Students, Advances Data, Addresses Population Health, Optimizes Communication Skills, Optimizes Technical/Procedural Skills, Utilizes Support Strategies, and Improves Performance. (For the Creates Individualized Learning Plans Criterion, evidence is demonstrated through a number of learners based on program size.)

Diversity and breadth: Other criteria standards require that providers demonstrate compliance through a specified number of examples of activities or initiatives. With these examples, we expect providers to demonstrate the diversity and breadth of approaches they used to meet the critical elements. For these criteria, providers need to submit examples that are completely different from each other. Different iterations of the same activity content repeated for different audiences at different times and places, would not count as separate examples. This measure is used for the following criteria: Collaborates Effectively, Engages in Research/Scholarship, Supports CPD for CME Team, Demonstrates Creativity/Innovation, Improves Healthcare Quality, and Improves Patient/Community Health.

MENU OF CRITERIA FOR ACCREDITATION WITH COMMENDATION

(Includes criterion, rationale, critical elements, and standard)

*Program Size by Activities per Term: S=small <39; M=medium: 40-100; L=large: 101-250; XL=extra-large: >250

PROMOTES TEAM-BASED EDUCATION

CRITERION		RATIONALE	CRITICAL ELEMENTS	STANDARD
Engages Teams	Members of interprofessional teams are engaged in the planning and delivery of interprofessional continuing education (IPCE).	Interprofessional continuing education (IPCE) occurs when members from two or more professions learn with, from, and about each other to enable effective interprofessional collaborative practice and improve health outcomes. This criterion recognizes accredited providers that work collaboratively with multiple health professions to develop IPCE.	<ul style="list-style-type: none"> • Includes planners from more than one profession (representative of the target audience) <li style="text-align: center;">AND • Includes faculty from more than one profession (representative of the target audience) <li style="text-align: center;">AND • Activities are designed to change competence and/or performance of the healthcare team. 	<p>Attest to meeting this criterion in at least 10% of activities (but no less than two) during the accreditation term.</p> <p>At review, submit evidence for this number of activities: * S=2; M=4; L=6; XL=8</p>
Engages Patients/Public	Patient/public representatives are engaged in the planning and delivery of CME.	Accredited continuing medical education (CME) is enhanced when it incorporates the interests of the people who are served by the healthcare system. This can be achieved when patients and/or public representatives are engaged in the planning and delivery of CME. This criterion recognizes providers that incorporate patient and/or public representatives as planners and faculty in the accredited program.	<ul style="list-style-type: none"> • Includes planners who are patients and/or public representatives <li style="text-align: center;">AND • Includes faculty who are patients and/or public representatives 	<p>Attest to meeting this criterion in at least 10% of activities (but no less than two) during the accreditation term.</p> <p>At review, submit evidence for this number of activities: * S=2; M=4; L=6; XL=8</p>
Engages Students	Students of the health professions are engaged in the planning and delivery of CME.	This criterion recognizes providers for building bridges across the healthcare education continuum and for creating an environment that encourages students of the health professions and practicing healthcare professionals to work together to fulfill their commitment to lifelong learning. For the purpose of this criterion, students refers to students of any of the health professions, across the continuum of healthcare education, including professional schools and graduate education.	<ul style="list-style-type: none"> • Includes planners who are students of the health professions <li style="text-align: center;">AND • Includes faculty who are students of the health professions 	<p>Attest to meeting this criterion in at least 10% of activities (but no less than two) during the accreditation term.</p> <p>At review, submit evidence for this number of activities: * S=2; M=4; L=6; XL=8</p>

ADDRESSES PUBLIC HEALTH PRIORITIES				
CRITERION		RATIONALE	CRITICAL ELEMENTS	STANDARD
Advances Data Use	The provider advances the use of health and practice data for healthcare improvement.	The collection, analysis, and synthesis of health and practice data/information derived from the care of patients can contribute to patient safety, practice improvement, and quality improvement. Health and practice data can be gleaned from a variety of sources; some examples include electronic health records, public health records, prescribing data sets, and registries. This criterion will recognize providers that use these data to teach about health informatics and improving the quality and safety of care.	<ul style="list-style-type: none"> Teaches about collection, analysis, or synthesis of health/practice data <p style="text-align: center;">AND</p> <ul style="list-style-type: none"> Uses health/practice data to teach about healthcare improvement 	Demonstrate the incorporation of health and practice data into the provider's educational program with examples from this number of activities: * S=2; M=4; L=6; XL=8
Addresses Population Health	The provider addresses factors beyond clinical care that affect the health of populations.	This criterion recognizes providers for expanding their CME programs beyond clinical care education to address factors affecting the health of populations. Some examples of these factors include health behaviors; economic, social, and environmental conditions; healthcare and payer systems; access to care; health disparities; or the population's physical environment.	<ul style="list-style-type: none"> Teaches strategies that learners can use to achieve improvements in population health 	<p>Attest to meeting this criterion in at least 10% of activities (but no less than two) during the accreditation term.</p> <p>At review, submit evidence for this number of activities: * S=2; M=4; L=6; XL=8</p>
Collaborates Effectively	The provider collaborates with other organizations to more effectively address population health issues.	Collaboration among people and organizations builds stronger, more empowered systems. This criterion recognizes providers that apply this principle by building collaborations with other organizations that enhance the effectiveness of the CME program in addressing community/population health issues.	<ul style="list-style-type: none"> Creates or continues collaborations with one or more healthcare or community organization(s) <p style="text-align: center;">AND</p> <ul style="list-style-type: none"> Demonstrates that the collaborations augment the provider's ability to address population health issues 	Demonstrate the presence of collaborations that are aimed at improving population health with four examples from the accreditation term.

ENHANCES SKILLS				
CRITERION		RATIONALE	CRITICAL ELEMENTS	STANDARD
Optimizes Communication Skills	The provider designs CME to optimize communication skills of learners.	Communication skills are essential for professional practice. Communication skills include verbal, nonverbal, listening, and writing skills. Some examples are communications with patients, families, and teams; and presentation, leadership, teaching, and organizational skills. This criterion recognizes providers that help learners become more self-aware of their communication skills and offer CME to improve those skills.	<ul style="list-style-type: none"> Provides CME to improve communication skills <p style="text-align: center;">AND</p> <ul style="list-style-type: none"> Includes an evaluation of observed (e.g., in person or video) communication skills <p style="text-align: center;">AND</p> <ul style="list-style-type: none"> Provides formative feedback to the learner about communication skills 	At review, submit evidence for this number of activities: * S=2; M=4; L=6; XL=8
Optimizes Technical/Procedural Skills	The provider designs CME to optimize technical and procedural skills of learners.	Technical and procedural skills that are psychomotor in nature are essential to many aspects of professional practice, and need to be learned, updated, reinforced, and reassessed. Some examples of these skills are operative skill, device use, procedures, physical examination, specimen preparation, resuscitation, and critical incident management. This criterion recognizes providers that offer CME to help learners gain, retain, or improve technical and/or procedural skills.	<ul style="list-style-type: none"> Provides CME addressing psychomotor technical and/or procedural skills <p style="text-align: center;">AND</p> <ul style="list-style-type: none"> Includes an evaluation of observed (e.g., in person or video) psychomotor technical and/or procedural skill <p style="text-align: center;">AND</p> <ul style="list-style-type: none"> Provides formative feedback to the learner about psychomotor technical and/or procedural skill 	At review, submit evidence for this number of activities: * S=2; M=4; L=6; XL=8
Creates Individualized Learning Plans	The provider creates individualized learning plans for learners.	This criterion recognizes providers that develop individualized educational planning for the learner; customize an existing curriculum for the learner; track learners through a curriculum; or work with learners to create a self-directed learning plan where the learner assesses their own gaps and selects content to address those gaps. The personalized education needs to be designed to close the individual's professional practice gaps over time.	<ul style="list-style-type: none"> Tracks the learner's repeated engagement with a longitudinal curriculum/plan over weeks or months <p style="text-align: center;">AND</p> <ul style="list-style-type: none"> Provides individualized feedback to the learner to close practice gaps 	At review, submit evidence of repeated engagement and feedback for this number of learners: * S=25; M=75; L=125; XL=200
Utilizes Support Strategies	The provider utilizes support strategies to enhance change as an adjunct to its CME.	This criterion recognizes providers that create, customize, or make available supplemental services (e.g., reminders) and/or resources (e.g., online instructional material, apps) that are designed to reinforce or sustain change.	<ul style="list-style-type: none"> Utilizes support strategies to enhance change as an adjunct to CME activities <p style="text-align: center;">AND</p> <ul style="list-style-type: none"> Conducts a periodic analysis to determine the effectiveness of the support strategies, and plans improvements 	Attest to meeting this criterion in at least 10% of activities (but no less than two) during the accreditation term. At review, submit evidence for this number of activities: * S=2; M=4; L=6; XL=8

DEMONSTRATES EDUCATIONAL LEADERSHIP				
CRITERION		RATIONALE	CRITICAL ELEMENTS	STANDARD
Engages in Research/Scholarship	The provider engages in CME research and scholarship.	Engagement by CME providers in the scholarly pursuit of research related to the effectiveness of and best practices in CME supports the success of the CME enterprise. Participation in research includes developing and supporting innovative approaches, studying them, and disseminating the findings.	<ul style="list-style-type: none"> Conducts scholarly pursuit relevant to CME <p style="text-align: center;">AND</p> <ul style="list-style-type: none"> Submits, presents, or publishes a poster, abstract, or manuscript to or in a peer-reviewed forum 	At review, submit description of two projects completed during the accreditation term and the dissemination method used for each.
Supports CPD for CME Team	The provider supports the continuous professional development of its CME team.	The participation of CME professionals in their own continuing professional development (CPD) supports improvements in their CME programs and advances the CME profession. This criterion recognizes providers that enable their CME team to participate in CPD in domains relevant to the CME enterprise. The CME team are those individuals regularly involved in the planning and development of CME activities, as determined by the provider.	<ul style="list-style-type: none"> Creates a CME-related continuous professional development plan for all members of its CME team <p style="text-align: center;">AND</p> <ul style="list-style-type: none"> Learning plan is based on needs assessment of the team <p style="text-align: center;">AND</p> <ul style="list-style-type: none"> Learning plan includes some activities external to the provider <p style="text-align: center;">AND</p> <ul style="list-style-type: none"> Dedicates time and resources for the CME team to engage in the plan 	At review, submit description showing that the plan has been implemented for the CME team during the accreditation term.
Demonstrates Creativity/Innovation	The provider demonstrates creativity and innovation in the evolution of its CME program.	This criterion recognizes CME providers that meet the evolving needs of their learners by implementing innovations in their CME program in areas such as education approaches, design, assessment, or use of technology.	<ul style="list-style-type: none"> Implements an innovation that is new for the CME program <p style="text-align: center;">AND</p> <ul style="list-style-type: none"> The innovation contributes to the provider's ability to meet its mission. 	At review, submit descriptions of four examples during the accreditation term.

ACHIEVES OUTCOMES				
CRITERION		RATIONALE	CRITICAL ELEMENTS	STANDARD
Improves Performance	The provider demonstrates improvement in the performance of learners.	Research has shown that accredited CME can be an effective tool for improving individuals' and groups' performance in practice. This criterion recognizes providers that can demonstrate the impact of their CME program on the performance of individual learners or groups.	<ul style="list-style-type: none"> Measures performance changes of learners <p style="text-align: center;">AND</p> <ul style="list-style-type: none"> Demonstrates improvements in the performance of learners 	<p>Attest to meeting this criterion in at least 10% of activities (but no less than two) during the accreditation term.</p> <p>At review, submit evidence for this number of activities: * S=2; M=4; L=6; XL=8</p>
Improves Healthcare Quality	The provider demonstrates healthcare quality improvement.	CME has an essential role in healthcare quality improvement. This criterion recognizes providers that demonstrate that their CME program contributes to improvements in processes of care or system performance.	<ul style="list-style-type: none"> Collaborates in the process of healthcare quality improvement <p style="text-align: center;">AND</p> <ul style="list-style-type: none"> Demonstrates improvement in healthcare quality 	Demonstrate healthcare quality improvement related to the CME program twice during the accreditation term.
Improves Patient/Community Health	The provider demonstrates the impact of the CME program on patients or their communities.	Our shared goal is to improve the health of patients and their families. This criterion recognizes providers that demonstrate that the CME program contributed to improvements in health-related outcomes for patients or their communities.	<ul style="list-style-type: none"> Collaborates in the process of improving patient or community health <p style="text-align: center;">AND</p> <ul style="list-style-type: none"> Demonstrates improvement in patient or community outcomes 	Demonstrate improvement in patient or community health in areas related to the CME program twice during the accreditation term.

II. Standards for Integrity and Independence in Accredited Continuing Education

The health professions are not only defined by expertise, but also by a dedication to put service of others above self-interest. When individuals enter the healthcare professions, they commit to upholding professional and ethical standards including acting in a patient's best interests, protecting the patient from harm, respecting the patient, fostering informed choices, and promoting equity in healthcare.

While the interests of healthcare and business sometimes diverge, both are legitimate, and collaboration between healthcare professionals and industry can advance patient care. Since healthcare professionals serve as the legally mandated gatekeepers of medications and devices, and trusted authorities when advising patients, they must protect their learning environment from industry influence to ensure they remain true to their ethical commitments.

As the stewards of the learning environment for healthcare professionals, the accredited continuing education community plays a critical role in navigating the complex interface between industry and the health professions. Organizations accredited to provide continuing education, known as accredited providers, are responsible for ensuring that healthcare professionals have access to learning and skill development activities that are trustworthy and are based on best practices and high-quality evidence. These activities must serve the needs of patients and not the interests of industry.

This independence is the cornerstone of accredited continuing education. Accredited continuing education must provide healthcare professionals, as individuals and teams, with a protected space to learn, teach, and engage in scientific discourse free from influence from organizations that may have an incentive to insert commercial bias into education.

The Accreditation Council for Continuing Medical Education (ACCME®) acts as the steward of the Standards for Integrity and Independence in Accredited Continuing Education, which have been drafted to be applicable to accredited continuing education across the health professions. The Standards are designed to:

- Ensure that accredited continuing education serves the needs of patients and the public.
- Present learners with only accurate, balanced, scientifically justified recommendations.
- Assure healthcare professionals and teams that they can trust accredited continuing education to help them deliver safe, effective, cost-effective, compassionate care that is based on best practice and evidence.
- Create a clear, unbridgeable separation between accredited continuing education and marketing and sales.

Terms used for the first time are written in *blue italics*, followed by the definition for the term.

Eligibility

The ACCME is committed to ensuring that accredited continuing education (1) presents learners with only accurate, balanced, scientifically justified recommendations, and (2) protects learners from promotion, marketing, and commercial bias. To that end, the ACCME has established the following guidance on the types of organizations that may be eligible to be accredited in the ACCME System. The ACCME, in its sole discretion, determines which organizations are awarded ACCME accreditation.

Types of Organizations That May Be Accredited in the ACCME System

Organizations eligible to be accredited in the ACCME System (*eligible organizations*) are those whose mission and function are: (1) providing clinical services directly to patients; or (2) the education of healthcare professionals; or (3) serving as fiduciary to patients, the public, or population health; and other organizations that are not otherwise ineligible. Examples of such organizations include:

- Ambulatory procedure centers
- Blood banks

- Diagnostic labs that do not sell proprietary products
- Electronic health records companies
- Government or military agencies
- Group medical practices
- Health law firms
- Health profession membership organizations
- Hospitals or healthcare delivery systems
- Infusion centers
- Insurance or managed care companies
- Nursing homes
- Pharmacies that do not manufacture proprietary compounds
- Publishing or education companies
- Rehabilitation centers
- Schools of medicine or health science universities
- Software or game developer

Types of Organizations That Cannot Be Accredited in the ACCME System

Companies that are ineligible to be accredited in the ACCME System (*ineligible companies*) are those whose primary business is producing, marketing, selling, re-selling, or distributing healthcare products used by or on patients. Examples of such organizations include:

- Advertising, marketing, or communication firms whose clients are ineligible companies
- Bio-medical startups that have begun a governmental regulatory approval process
- Compounding pharmacies that manufacture proprietary compounds
- Device manufacturers or distributors
- Diagnostic labs that sell proprietary products
- Growers, distributors, manufacturers or sellers of medical foods and dietary supplements
- Manufacturers of health-related wearable products
- Pharmaceutical companies or distributors
- Pharmacy benefit managers
- Reagent manufacturers or sellers

Owners and Employees of Ineligible Companies

The *owners* and *employees* of ineligible companies are considered to have unresolvable financial relationships and must be excluded from participating as planners or faculty, and must not be allowed to influence or control any aspect of the planning, delivery, or evaluation of accredited continuing education, except in the limited circumstances outlined in Standard 3.2.

Owners and employees are individuals who have a legal duty to act in the company's best interests. Owners are defined as individuals who have an ownership interest in a company, except for stockholders of publicly traded companies, or holders of shares through a pension or mutual fund. Employees are defined as individuals hired to work for another person or business (the employer) for compensation and who are subject to the employer's direction as to the details of how to perform the job.

Ineligible companies are prohibited from engaging in *joint providership* with accredited providers. Joint providership enables accredited providers to work with nonaccredited eligible organizations to deliver accredited education. The TMA/ACCME determines eligibility for accreditation based on the characteristics of the organization seeking accreditation and, if applicable, any parent company. Subsidiaries of an ineligible parent company cannot be accredited regardless of steps taken to firewall the subsidiaries. If an eligible parent company has an ineligible subsidiary, the owners and employees of the ineligible subsidiary must be excluded from accredited continuing education except in the limited circumstances outlined in Standard 3.2.

Standard 1: Ensure Content is Valid

Standard 1 applies to all accredited continuing education.

Accredited providers are responsible for ensuring that their education is fair and balanced and that any clinical content presented supports safe, effective patient care.

1. All recommendations for patient care in accredited continuing education must be based on current science, evidence, and clinical reasoning, while giving a fair and balanced view of diagnostic and therapeutic options.
2. All scientific research referred to, reported, or used in accredited education in support or justification of a patient care recommendation must conform to the generally accepted standards of experimental design, data collection, analysis, and interpretation.
3. Although accredited continuing education is an appropriate place to discuss, debate and explore new and evolving topics, these areas need to be clearly identified as such within the program and individual presentations. It is the responsibility of accredited providers to facilitate engagement with these topics without advocating for, or promoting, practices that are not, or not yet, adequately based on current science, evidence, and clinical reasoning.
4. Organizations cannot be accredited if they advocate for unscientific approaches to diagnosis or therapy, or if their education promotes recommendations, treatment, or manners of practicing healthcare that are determined to have risks or dangers that outweigh the benefits or are known to be ineffective in the treatment of patients.

Standard 2: Prevent Commercial Bias and Marketing in Accredited Continuing Education

Standard 2 applies to all accredited continuing education.

Accredited continuing education must protect learners from commercial bias and marketing.

1. The accredited provider must ensure that all decisions related to the planning, faculty selection, delivery, and evaluation of accredited education are made without any influence or involvement from the owners and employees of an ineligible company.
2. Accredited education must be free of marketing or sales of products or services. Faculty must not actively promote or sell products or services that serve their professional or financial interests during accredited education.
3. The accredited provider must not share the names or contact information of learners with any ineligible company or its agents without the explicit consent of the individual learner.

Standard 3: Identify, Mitigate, and Disclose Relevant Financial Relationships

Standard 3 applies to all accredited continuing education.

Many healthcare professionals have financial relationships with ineligible companies. These relationships must not be allowed to influence accredited continuing education. The accredited provider is responsible for identifying *relevant financial relationships* between individuals in control of educational content and ineligible companies and managing these to ensure they do not introduce commercial bias into the education. Financial relationships of any dollar amount are defined as relevant if the educational content is related to the business lines or products of the ineligible company.

Accredited providers must take the following steps when developing accredited continuing education. Exceptions are listed at the end of Standard 3.

1. **Collect information:** Collect information from all planners, faculty, and others in control of educational content about **all** their financial relationships with ineligible companies within the prior **24** months. There is no minimum financial threshold; individuals must disclose all financial relationships, regardless of the amount, with ineligible companies. Individuals must disclose regardless of their view of the relevance of the relationship to the education.

Disclosure information must include:

- a. The name of the ineligible company with which the person has a financial relationship.

- b. The nature of the financial relationship. Examples of financial relationships include employee, researcher, consultant, advisor, speaker, independent contractor (including contracted research), royalties or patent beneficiary, executive role, and ownership interest. Individual stocks and stock options should be disclosed; diversified mutual funds do not need to be disclosed. Research funding from ineligible companies should be disclosed by the principal or named investigator even if that individual's institution receives the research grant and manages the funds.
2. **Exclude owners or employees of ineligible companies:** Review the information about financial relationships to identify individuals who are owners or employees of ineligible companies. These individuals must be excluded from controlling content or participating as planners or faculty in accredited education. There are three exceptions to this exclusion – employees of ineligible companies can participate as planners or faculty in these specific situations:
 - a. When the content of the activity is not related to the business lines or products of their employer/company.
 - b. When the content of the accredited activity is limited to basic science research, such as pre-clinical research and drug discovery, or the methodologies of research, and they do not make care recommendations.
 - c. When they are participating as technicians to teach the safe and proper use of medical devices, and do not recommend whether or when a device is used.
3. **Identify relevant financial relationships:** Review the information about financial relationships to determine which relationships are relevant. Financial relationships are relevant if the educational content an individual can control is related to the business lines or products of the ineligible company.
4. **Mitigate relevant financial relationships:** Take steps to prevent all those with relevant financial relationships from inserting commercial bias into content.
 - a. Mitigate relationships prior to the individuals assuming their roles. Take steps appropriate to the role of the individual. For example, steps for planners will likely be different than for faculty and would occur before planning begins.
 - b. Document the steps taken to mitigate relevant financial relationships.
5. **Disclose all relevant financial relationships to learners:** Disclosure to learners must include each of the following:
 - a. The names of the individuals with relevant financial relationships.
 - b. The names of the ineligible companies with which they have relationships.
 - c. The nature of the relationships.
 - d. A statement that all relevant financial relationships have been mitigated.

Identify ineligible companies by their name only. Disclosure to learners must not include ineligible companies' corporate or product logos, trade names, or product group messages.

Disclose absence of relevant financial relationships. Inform learners about planners, faculty, and others in control of content (either individually or as a group) with no relevant financial relationships with ineligible companies.

Learners must receive disclosure information, in a format that can be verified at the time of accreditation, before engaging with the accredited education.

Exceptions: Accredited providers do **not** need to identify, mitigate, or disclose relevant financial relationships for any of the following activities:

1. Accredited education that is non-clinical, such as leadership or communication skills training.
2. Accredited education where the learner group is in control of content, such as a spontaneous case conversation among peers.
3. Accredited self-directed education where the learner controls their educational goals and reports on changes that resulted, such as learning from teaching, remediation, or a personal development plan. When accredited providers serve as a source of information for the self-directed learner, they should direct learners only to resources and methods for learning that are not controlled by ineligible companies.

Standard 4: Manage Commercial Support Appropriately

Standard 4 applies only to accredited continuing education that receives financial or in-kind support from ineligible companies.

Accredited providers that choose to accept *commercial support* (defined as financial or in-kind support from ineligible companies) are responsible for ensuring that the education remains independent of the ineligible company and that the support does not result in commercial bias or commercial influence in the education. The support does not establish a financial relationship between the ineligible company and planners, faculty, and others in control of content of the education.

1. **Decision-making and disbursement:** The accredited provider must make all decisions regarding the receipt and disbursement of the commercial support.
 - a. Ineligible companies must not pay directly for any of the expenses related to the education or the learners.
 - b. The accredited provider may use commercial support to fund honoraria or travel expenses of planners, faculty, and others in control of content for those roles only.
 - c. The accredited provider must not use commercial support to pay for travel, lodging, honoraria, or personal expenses for individual learners or groups of learners in accredited education.
 - d. The accredited provider may use commercial support to defray or eliminate the cost of the education for *all* learners.
2. **Agreement:** The terms, conditions, and purposes of the commercial support must be documented in an agreement between the ineligible company and the accredited provider. The agreement must be executed prior to the start of the accredited education. An accredited provider can sign onto an existing agreement between an accredited provider and a commercial supporter by indicating its acceptance of the terms, conditions, and amount of commercial support it will receive.
3. **Accountability:** The accredited provider must keep a record of the amount or kind of commercial support received and how it was used, and must produce that accounting, upon request, by the accrediting body or by the ineligible company that provided the commercial support.
4. **Disclosure to learners:** The accredited provider must disclose to the learners the name(s) of the ineligible company(ies) that gave the commercial support, and the nature of the support if it was in-kind, prior to the learners engaging in the education. Disclosure must not include the ineligible companies' corporate or product logos, trade names, or product group messages.

Standard 5: Manage Ancillary Activities Offered in Conjunction with Accredited Continuing Education

Standard 5 applies only when there is marketing by ineligible companies or nonaccredited education associated with the accredited continuing education.

Accredited providers are responsible for ensuring that education is separate from marketing by ineligible companies – including advertising, sales, exhibits, and promotion – and from nonaccredited education offered in conjunction with accredited continuing education.

1. Arrangements to allow ineligible companies to market or exhibit in association with accredited education must not:
 - a. Influence any decisions related to the planning, delivery, and evaluation of the education.
 - b. Interfere with the presentation of the education.
 - c. Be a condition of the provision of financial or in-kind support from ineligible companies for the education.
2. The accredited provider must ensure that learners can easily distinguish between accredited education and other activities.
 - a. Live continuing education activities: Marketing, exhibits, and nonaccredited education developed by or with influence from an ineligible company or with planners or faculty with unmitigated financial relationships must not occur in the educational space within 30 minutes before or after an accredited education activity. Activities that are part of the event but are not accredited for continuing education must be clearly labeled and communicated as such.
 - b. Print, online, or digital continuing education activities: Learners must not be presented with marketing while engaged in the accredited education activity. Learners must be able to engage with the accredited education without having to click through, watch, listen to, or be presented with product promotion or product-specific advertisement.
 - c. Educational materials that are part of accredited education (such as slides, abstracts, handouts, evaluation mechanisms, or disclosure information) must not contain any marketing produced by or for an ineligible company, including corporate or product logos, trade names, or product group messages.
 - d. Information distributed about accredited education that does not include educational content, such as schedules and logistical information, may include marketing by or for an ineligible company.
3. Ineligible companies may not provide access to, or distribute, accredited education to learners.

III. TMA Policies

TMA Policies supplement the TMA Accreditation Criteria. These policies offer more specific guidelines on areas including CME program and activity administration. In some cases, policies are developed to address emerging issues. Accredited providers must adhere to the policies that are relevant to their organizations, as well as to the Accreditation Criteria and Standards for Integrity and Independence in Accredited Continuing Education.

1. Public and Confidential Information about Accredited Providers

The following information is considered public information, and therefore may be released by the ACCME. Public information includes certain information about accredited providers, and ACCME reserves the right to publish and release to the public, including on the ACCME website, all public information:

- Names and contact information for accredited providers,
- Accreditation status of provider,
- Some annual report data submitted by the accredited provider, including for any given year:
 - Number of activities,
 - Number of hours of education,
 - Number of physician interactions,
 - Number of other learner interactions,

- Number of designated *AMA PRA Category I Credits*TM,
- Competencies that activities were designed to address,
- Accepts commercial support (yes or no),
- Accepts advertising/exhibit revenue (yes or no),
- Participates in joint providership (yes or no), and
- Types of activities produced (list).
- **Note:** The ACCME will not release any dollar amounts reported by individual accredited providers for income, commercial support, or advertising/exhibits.
- Aggregated accreditation finding and decision data broken down by provider type,
- Responses to public calls for comment initiated by the ACCME,
- Executive summaries from the ACCME Board of Directors’ Meetings (exclusive of actions taken during executive session), and
- Any other data/information that ACCME believes qualifies as “public information.”

CME Program and Activity Administration

2. TMA-Accredited Provider Logos

TMA-accredited providers that have achieved standard Accreditation or Accreditation with Commendation may use the TMA-accredited provider logos for educational and identification purposes. TMA-accredited providers may use the logo in announcements (e.g., publicizing their attainment of TMA accreditation), brochures, flyers, CME webpages, and other materials. TMA-accredited providers receive the appropriate logo at the time of accreditation.

3. Publicizing TMA Accreditation

TMA encourages CME providers to celebrate their success in achieving accreditation and communicate the value of their accreditation and accreditation-related accomplishments by informing their community, stakeholders, and the public through press releases, announcements, advertisements, brochures, and other online and print materials.

The following wording is suggested for those wishing to publicly announce the standard (4 years), commendation (6 years) or provisional (2 years) accreditation of their organization (replace the << >> with the information requested):

The <<name of accredited CME provider>> has been reviewed by Texas Medical Association (TMA) and awarded <<accreditation status>> for <<number>> years as a provider of continuing medical education (CME) for physicians. TMA accreditation seeks to assure the medical community and the public that <<name of accredited CME provider>> delivers education that is relevant to clinicians’ needs, evidence-based, evaluated for its effectiveness, and independent of commercial influence.

TMA employs a rigorous process for evaluating institutions’ CME programs according to standards that reflect the values of the educator community and aim to accelerate learning, inspire change, and champion improvement in healthcare. Through participation in accredited CME, clinicians and teams drive improvement in their practice and optimize the care, health, and wellness of their patients.

4. Accreditation Statement

The accreditation statement must appear on all CME activity materials and brochures distributed by TMA-accredited providers, except that the accreditation statement does not need to be included on the initial, save-

LOGOS AND PLACEMENT

On activity brochures, flyers, etc., the logo must be placed next to the accreditation statement.

Logo – Accreditation (4 years):



Logo – Accreditation with Commendation (6 years):



the-date type of activity announcements. Such announcements contain only general, preliminary information about the activity such as date, location, and title. If more specific information is included such as faculty and objectives, the accreditation statement must be included. The accreditation statement identifies the TMA-accredited organization that is responsible for demonstrating the CME activity's compliance with all accreditation requirements. There are two variations of the statement; one for directly provided activities and one for jointly provided activities:

1. **Directly provided activities:** an activity is that is planned, implemented, and evaluated by the accredited CME provider. This definition and statement include co-provided activities.¹
2. **Jointly provided activities:** an activity that is planned, implemented, and evaluated by an accredited provider and one or more non-accredited entities. See "Joint Providership" section below.

The TMA accreditation statement is as follows (replace the << >> with the information requested):

For directly provided activities:

The <<name of the accredited provider>> is accredited by the Texas Medical Association to provide continuing medical education for physicians.

For jointly provided activities:

This activity has been planned and implemented in accordance with the accreditation requirements and policies of the Texas Medical Association (TMA) through the joint providership of <<name of accredited provider>> and <<name of non-accredited provider(s)>>. The <<name of accredited provider>> is accredited by TMA to provide continuing medical education for physicians.

5. Joint Providership

TMA defines joint providership as the providership of a CME activity by one or more accredited and one or more nonaccredited organizations. TMA-accredited providers that plan and present one or more activities with non-TMA- or ACCME-accredited providers are engaging in "joint providership." TMA allows accredited providers and nonaccredited organizations, if they are not ACCME-defined ineligible companies, to collaborate in the planning and implementation of CME activities through joint providership. In joint providership, either the accredited provider or its nonaccredited joint provider can control the following for an activity: identification of CME needs, determination of educational objectives, selection and presentation of content, selection of all persons and organizations that will be in a position to control CME content, selection of educational methods, and evaluation of the activity.

The accredited provider is responsible for ensuring that jointly provided activities comply with all TMA rules and are accountable for demonstrating compliance during the reaccreditation process. If TMA initiates an inquiry about a jointly provided activity, the accredited provider will be responsible for responding to the inquiry. While the accredited provider is not obligated to enter into such relationships, the accredited provider must take responsibility for a CME activity when it is presented in cooperation with a nonaccredited organization, and the following requirements apply if it chooses to do so:

1. **Informing Learners:** The accredited provider must inform the learner of the joint providership relationship through the use of the appropriate accreditation statement. All printed materials for jointly provided activities must carry the appropriate accreditation statement. See "Accreditation Statement" section above.
2. **Compliance/Noncompliance Issues:** TMA expects *all* CME activities to be in compliance with the accreditation requirements. In cases of joint providership, it is the TMA-accredited provider's to be able

¹ Co-provided activity is a CME activity presented by two or more accredited providers. If two or more accredited providers are working in collaboration on a CME activity, one provider must take responsibility for the compliance of that activity in terms of meeting TMA and AMA requirements and reporting activity data to the ACCME. Co-provided CME activities should use the directly provided activity statement, naming the one accredited provider that is responsible for the activity. There is no "co-providership" accreditation statement. TMA has no policy regarding specific ways in which providers may acknowledge the involvement of other TMA- or ACCME-accredited providers in their CME activities.

to demonstrate through written documentation this compliance to TMA. Materials submitted that demonstrate compliance may be from either the TMA- or non-accredited provider's files.

3. **Fees:** TMA maintains no policy that requires or precludes accredited providers from charging a joint providership fee.
4. **Providers on Probation:** If a provider is placed on Probation, it may not jointly provide CME activities with non-accredited providers, with the exception of those activities that were contracted prior to the Probation decision. A provider that is placed on Probation must inform TMA of all existing joint providership relationships and must notify its current contracted joint providers of its probationary status. Providers that receive a decision of Probation in two consecutive accreditation terms are prohibited from jointly providing activities until they regain their accreditation status. The provider must cease all joint providerships even existing contracts. If the provider is found to be working in joint providership while under this probation, TMA will immediately change the provider's status to Nonaccreditation.

6. Administrative Deadlines

TMA-accredited providers and TMA are accountable for meeting ACCME administrative deadlines [e.g., annual reporting in the Program Activity Reporting System (PARS)]. Failure to meet administrative deadlines could result in an immediate change of status to Probation, and subsequent consideration by the Committee on Continuing Education for a change of status to Nonaccreditation.

The data that accredited providers submit into PARS is used to support the process for initial accreditation, reaccreditation, and progress report reviews. It is also used for producing annual reports, submitting data to the certifying boards in support of CME that counts for MOC. TMA-accredited providers may access PARS at www.accme.org. Please contact the TMA CME office if you need assistance.

7. CME Activity and Attendance Records Retention

TMA-accredited providers must maintain specific CME activity records. Records retention requirements relate to the following two topics: **Attendance Records** and **Activity Documentation**. Maintenance of this documentation enables the provider to meet the requirements for annual year-end reporting and reaccreditation review.

Attendance Records: An accredited provider must have mechanisms in place to record and, when authorized by the participating physician, verify participation for **six years** from the date of the CME activity. The accredited provider is free to choose whatever registration method works best for their organization and learners. TMA does not require sign-in sheets.

Activity Documentation: An accredited provider is required to retain activity files/records of the CME activity planning and presentation during the current term of accreditation or for the last twelve months, whichever is longer. Additionally, this policy may be of assistance to a provider should a Third-Party or TMA Initiated Concern be filed. If TMA receives or initiates a concern about an accredited provider, TMA may ask the provider to respond according to TMA's Procedure for Inquiries. See "Procedures for Inquiries and Allegations of Noncompliance" section, page 39. As specified in the procedure, an accredited provider must be accountable for any Concern received or initiated by TMA for 12 months from the date an activity ended, or in the case of a series, 12 months from the date of the session which is in question. Providers are accountable for an enduring material during the period of time it is being offered for CME, and 12 months thereafter.

8. CME Content and the American Medical Association Physician's Recognition Award

This policy describes the shared requirements of the ACCME and the American Medical Association (AMA) with regard to CME activities that include the provision of *AMA PRA Category 1 Credit*[™]. The AMA is the owner of the Physician's Recognition Award (PRA). All CME educational activities developed and presented by a provider accredited by TMA and associated with *AMA PRA Category 1 Credit*[™] must be developed and presented in compliance with all TMA accreditation requirements – in addition to all the requirements of the

AMA PRA program. All activities so designated for or awarded credit will be subject to review by the TMA accreditation process as verification of fulfillment of the TMA accreditation requirements.

9. CME Content: Definition and Examples

Definition: Continuing medical education consists of educational activities that serve to maintain, develop, or increase the knowledge, skills, and professional performance and relationships a physician uses to provide services for patients, the public, or the profession. The content of CME is that body of knowledge and skills generally recognized and accepted by the profession as within the basic medical sciences, the discipline of clinical medicine, and the provision of health care to the public.

The definition of CME is broad, to encompass continuing educational activities that assist physicians in carrying out their professional responsibilities more effectively and efficiently. **Examples** of topics that are included in the definition of CME content include:

- Management, for physicians responsible for managing a health care facility,
- Educational methodology, for physicians teaching in a medical school,
- Practice management, for physicians interested in providing better service to patients, and
- Coding and reimbursement in a medical practice.

When physicians participate in continuing education activities that are not directly related to their professional work, these do not fall within the definition of CME content. Although they may be worthwhile for physicians, continuing education activities related to a physician's nonprofessional educational needs or interests, such as personal financial planning or appreciation of literature or music, are not considered CME content by TMA.

10. Content Validity of Enduring Materials

Providers that produce enduring materials must review each enduring material at least once every three years or more frequently if indicated by new scientific developments. So, while providers can review and re-release an enduring material every three years (or more frequently), the enduring material cannot be offered as an accredited activity for more than three years without some review on the part of the provider to ensure that the content is still up-to-date and accurate. The following information must be included on the enduring material:

- Original release date,
- Review date (if applicable), and
- Termination date.

11. Fees for TMA-accredited Providers

Non-payment of fees

TMA-accredited providers are accountable for timely submission of fees that are required to attain or maintain accreditation. Failure to meet deadlines could result in an immediate change of status to Probation, and subsequent consideration by the Committee on Continuing Education for a change in status to Nonaccreditation.

Nonaccreditation or Voluntary Withdrawal of Accreditation

Providers that receive Nonaccreditation decisions are responsible for payment of all fees, including the Annual Accreditation Fee, and submission of all required documents until the effective date of Nonaccreditation. Failure to do so will result in immediate Nonaccreditation.

Fees

This information outlines the fees charged to TMA accredited providers. The Annual Accreditation Fee for 2024 and 2025 is based on program size – the total number of activities that were available in 2020, 2021 and

2022, or the total number of learner interactions reported for those activities, whichever is greater. Data was used that providers entered into PARS, and attested to, to assign tiers for the 2024 and 2025 annual accreditation fees. Fees are subject to change.

Fee	Description	Amount				
		Tier	Total Activities/Year	Total Learner Interactions/Year	2024 Fee	2025 Fee
Annual Accreditation	Annual accreditation services provided by TMA. Includes one registration for the biennial Texas CME Professional Development Conference. <i>Payable by January 31 of each year.</i>	1	43 or fewer	<4466 or fewer	\$2,025	\$2075
		2	44-135	4467-15,422	\$2,525	\$2575
		3	136-905	15,423-164,727	\$3,275	\$3375
		4	906-1906	164,728-634,356	\$4,375	\$4525
		5	More than 1906	More than 634,356	case-by-case basis	case-by-case basis
Pre-Application	Consideration of a Pre-Application for TMA Accreditation	\$250				
Self-Study Report for Initial Accreditation	Consideration of a Self-Study for Initial Accreditation	\$2,000				
Self-Study Report for Reaccreditation	Consideration of a Self-Study for Reaccreditation	\$3,000				
Accreditation Interview	Onsite interview: Chair surveyor honorarium + travel expenses for surveyors	\$500 + travel expenses				
	Virtual interview: Chair surveyor honorarium	\$250				
Accreditation Extension	One-time extension of a provider's accreditation term and/or decision cycle	\$500				
Progress Report	Consideration of an accreditation progress report	\$200/report				

12. HIPAA Compliance Attestation

Every provider applying for either initial accreditation or reaccreditation must attest to the following: "The materials we submit for (re)accreditation (Self-Study Report, activity files, and other materials) will not include individually identifiable health information, in accordance with the Health Insurance Portability and Accountability Act (HIPAA), as amended." The attestation is included in the form that an organization completes for initial- or re-accreditation.

13. CME Program Business and Management Procedures

The accredited provider must operate the business and management policies and procedures of its CME program (as they relate to human resources, financial affairs, and legal obligations), so that its obligations and commitments are met. The CME Committee can be effective only to the extent that it has adequate administrative assistance as well as organizational support. Therefore, responsibility for the operation, continuity, and oversight of administrative aspects of the program should be clearly designated to appropriate personnel within the organization. CME personnel must be officially identified within the organization's administrative structure and their responsibilities and authority for CME clearly defined.

General Program Updates

Accredited providers are responsible for promptly informing TMA whenever changes to its program occur. Changes which must be reported include, but are not necessarily limited to the following:

- Turnover in CME committee chair
- Turnover in the provider's ownership, CEO, president, or other administrator with ultimate responsibility for the program,
- Turnover, addition, or decrease in CME administrative personnel,
- Substantial changes to the program's mission, scope of activities, financing or allocation of resources; and
- Decision to begin joint providership with non-accredited organizations.

CME Committee

Responsibility for the operation, continuity, and oversight of the CME program must be clearly designated to a committee within the organization. The committee's responsibilities and authority in the program's operation, procedures for appointment, and member tenure also must be clearly defined. The committee should have a regular meeting schedule at which official minutes are appropriately recorded and maintained. It should be comprised of members, physicians and non-physicians, who have an active interest in CME and must be representative of the major specialties and service areas within the organization. Providers that do not have members or a medical staff must have a physician CME Advisory Committee composed of physicians who represent the potential audience to be served.

Hospital System/Multi-Facility Accreditation

In today's changing environment, health care entities may find it more practical and cost effective to establish CME programs on a system-wide rather than an individual facility basis. System accreditation may make it more practical to provide CME activities to physicians practicing in rural or small hospital settings as well as facilitate more effective utilization of educational resources. To assist organizations in meeting the accreditation requirements and policies in the development and operation of a system-wide or multi-facility CME program, Texas Medical Association's Committee on Continuing Education has adopted the following criteria as a supplement to the accreditation requirements and policies:

Mission: A common CME mission with system-wide goals to be accomplished through implementation of a centrally coordinated overall CME program must be established. The CME mission should be approved by each facility with final approval by a governing body to which all facilities in the system are accountable. A facility is defined as a component that administratively exists as part of a larger system and initiates CME programming on a regular basis.

Educational Needs: Centralized procedures and established methods to identify, prioritize, and share needs assessment data throughout the system must be established. Patient care and quality improvement data from component facilities should feed into the central system for use in overall program planning as well as for use in developing activities within individual facilities.

In a system accreditation, the overall program is defined by the individual activities and services which are provided throughout the system, whether they be initiated centrally or from facilities within the system. Therefore, annual review of the overall program and its accomplishment of the system's CME mission must be conducted within the context of the system-wide program. Ideally, the central office, with direction from the CME committee, should establish standard methods and formats for the evaluation of individual activities to aid in eventual evaluation of the overall program.

Designed to Change: The overall program must be directed and administered through a centralized committee and staff who have clearly defined responsibility and authority for operation of the overall program. The CME committee must be actively involved in development of the overall program. The committee may not merely function as a clearinghouse for indiscriminate approval of activities generated by component facilities in the system – an application or other procedures which merely provide for approval of

activities after they have been planned within a respective facility does not constitute appropriate control of the program. A well-structured and well-functioning central CME committee will have:

- Appropriate representation from facilities in the system,
- Clearly defined authority for control of the program's operation at both the system and local facility levels,
- Procedures and policies which allow the committee to establish priorities and evaluate and approve the development of activities within the context of available resources and the system's CME mission.

While component facilities may require CME subcommittees within the respective facility, these committees should be integral components of the central committee and the chairman should actively serve on the central committee as the facility's representative. This structure will allow input from each component to assure that needs identified within the facilities are adequately met and will assure that all activities are developed within context of the system's goals and mission as a whole.

Centralized staffing and resources must be adequate to provide hands-on daily oversight of program planning and implementation within the system. A well-structured and well-functioning central CME office will have:

- Sufficient personnel to meet with component planning committees within the system facilities, provide ongoing oversight of compliance with the accreditation requirements and policies, and maintain the documentation required for program files.
- Established procedures for central control and approval of all commercial support for CME activities within the system.
- Appropriate procedures for training and supervision of staff to which CME duties are delegated within component facilities and defined back-up for continuity during staffing changes.
- A well-organized system of communication between component facilities.
- Procedures and policies to maintain financial accountability for the overall CME program, including budgets and financial statements for component facilities.
- Procedures and policies to maintain centralized attendance records for all activities held within the system.

CME Consortia

Texas Medical Association's Committee on Continuing Education has adopted the following guidelines and criteria for consortia as a supplement to the accreditation requirements and policies:

A CME mission with common goals to be accomplished by the consortium's overall CME program must be established. The CME mission should be developed jointly by representatives of all member organizations and approved by each member organization. In addition to a common CME mission, a formal written contract or letter of agreement must be signed by each member organization. The contract must clearly define the following:

- Consortium membership criteria,
- Responsibilities of member organizations,
- The consortium structure and operational policies,
- Financial obligations of member organizations, and
- Agreement to abide by the TMA accreditation requirements and policies.

Accreditation will be granted based on the specific member organizations and structure as defined at the time of the accreditation review. Additions or changes in consortium member organizations or structure constitute a major change to the overall program and must be reported to TMA. Decisions to resurvey the consortium as a new program will be based on the nature and scope of the reported changes.

Centralized procedures and established methods to identify, prioritize, and share needs assessment data among member organizations should be established. To the extent possible, patient care and quality improvement data from component facilities should feed into the central CME Committee for use in overall program planning as well as for development of activities within member facilities. In a consortium

accreditation, the overall program is defined as the composite of individual activities and services which are provided by member organizations whether they be initiated centrally or from member facilities.

Annual review of the overall program, and its accomplishment of the consortium's CME mission, must be conducted within the context of the consortium-wide overall CME program. Ideally, the central office, with direction from the CME Committee, should establish standard methods and formats for the evaluation of individual activities to aid in eventual evaluation of the overall program.

The overall program must be directed and administered through a centralized committee and staff who have clearly defined responsibility and authority for operation of the overall program. A consortium must clearly demonstrate that its CME Committee identifies the needs of potential participants, determines the target audience, develops objectives, selects faculty, evaluates, and fully manages the overall program. The committee may not merely function as a clearinghouse for approval of activities generated by its member organizations – an application or other procedures which merely provide for approval of activities after they have been planned within a respective facility does not constitute appropriate control of the program. A well-structured and well-functioning central CME Committee will have:

- Appropriate representation from each member of the consortium,
- Clearly defined authority for control of the program's operation at both the central and member organization levels, and
- Procedures and policies which allow the committee to establish priorities and evaluate and approve the development of activities within the context of available resources and the consortium's CME mission.

While member organizations may require CME subcommittees within the respective facility, these committees should be integral components of the central committee and the chairman should actively serve on the central committee as the facility's representative. This structure will allow input from each member to assure that needs identified within the organizations are adequately met and will assure that all activities are developed within the context of the consortium's goals and mission as a whole.

Centralized staffing and resources must be adequate to provide appropriate oversight and control of program planning and implementation within the consortium. A well-structured and well-functioning central CME office will have:

- Sufficient personnel to meet with component planning committees within the consortium facilities, provide ongoing oversight of compliance with the accreditation requirements and policies, and maintain the documentation required for program files.
- Established procedures for central control and approval of all commercial support for CME activities within the system.
- Appropriate procedures for training and supervision of staff to whom CME duties are delegated within component facilities and defined back-up procedures for continuity during staffing changes.
- A well-organized system of communication between component facilities.
- Procedures and policies to maintain financial accountability for the overall CME program, including budgets and financial statements for component facilities.
- Procedures and policies to maintain centralized attendance records for all activities held by the consortium.

Mergers or Acquisitions Involving CME-Accredited Organizations

There may be occasions when providers accredited by Texas Medical Association merge with each other or with non-accredited organizations. The Texas Medical Association Committee on Continuing Education has adopted the following policies regarding mergers and acquisitions involving accredited organizations.

A merger constitutes a significant change to the accredited program. It is the responsibility of the accredited organization to report such a change in writing to TMA's Continuing Medical Education Department within four weeks of the effective date of the merger.

It is the policy of the TMA Committee on Continuing Education to counsel and support accredited organizations during a merger. Each case will be reviewed on an individual basis with an intent to prevent disruption in the CME program during the transitional phase.

Accredited providers, however, are responsible for compliance with the accreditation requirements and policies at all times. It is crucial that continuity in programming and committee and staffing management be maintained in an accredited program. Therefore, during the transitional phase of a merger, restructuring should be handled in a manner that will affect the most continuity and the least disruption to a currently functioning program.

In a merger between two or more accredited organizations, all parties should work together to integrate and preserve the strengths and assets from each program.

In situations where a new program is created in the merger with a non-accredited entity, the program will be evaluated as an initial applicant and, if approved, will be granted provisional accreditation.

In situations where a new program is created in the merger of accredited facilities, full accreditation, rather than provisional, may be granted at the discretion of the Committee on Continuing Education. This determination will be based on the accreditation history of the formerly accredited programs, the degree of continuity maintained with the merger, and the extent to which the new program seems likely to continue compliance with the accreditation requirements and policies.

When two or more accredited programs within the same healthcare system choose to consolidate into a single system-wide program, it is understood that the newly created program will not have a system level track record upon which to apply. It is also recognized that the standard Self-Study Report and file review of individual programs would not necessarily be indicative of the new program's ability to successfully operate on a system-wide basis. Therefore, a modified Self-Study Report process may be used for intra system program consolidation and for mergers involving the consolidation of individual programs into a system accreditation. The modified application will include at least the following sections and elements:

- Institutional Contacts,
- Demographic Section,
- Program Summary: To describe how the organization proposes to successfully integrate its program; current and future plans and general steps taken to assure continuity and a smooth transition into the new process,
- Mission,
- Organizational Structure,
- Administration, and
- Standards for Integrity and Independence in Accredited Continuing Education: To demonstrate the policies and procedures that will be used to assure central control and oversight of funding support and compliance with the Standards.

As a matter of standard procedure, a modified on-site survey will be scheduled prior to submitting the organization's proposal for accreditation action. The agenda for this process primarily will consist of a meeting between the survey team and the key physicians and representatives of the organization's CME program. The primary purpose of this meeting will be to review and clarify the organization's proposal and plans.

Options will exist for the Self-Study Report review team to recommend a waiver of the on-site survey if it is felt that a survey would not be productive. Waivers must be approved by the chair of the Subcommittee on Accreditation.

Accreditation action will be taken based on the extent to which the organization appears prepared to meet the TMA criteria for Hospital System/Multi-Facility Accreditation and the extent to which there is reasonable expectation that the new program will continue to meet compliance with the accreditation requirements and policies.

Communication Mediums and Acknowledgement Process for Policy Nos. 14 and 15

The process for submitting to and receiving communication from TMA, and vice versa are conducted in accordance with the following procedures:

1. Third-Party or Provider Communicating to TMA

Mediums

Email: Send to **Casey Harrison, Director of Physician Education Services**, casey.harrison@texmed.org and copy **Paige Green, Manager of Educational Development Services**, paige.green@texmed.org

or

Mail: Send to **Texas Medical Association, Physician Education Services Department, Ste. 100, 401 W. 15th St., Austin, TX 78701**; and notify by email **Casey Harrison, Director of Physician Education Services**, casey.harrison@texmed.org and copy **Paige Green, Manager of Educational Development Services**, paige.green@texmed.org that you submitted communication to TMA.

Acknowledgement

TMA CME staff will acknowledge receipt of an email within two business days and mail within five business days of the date the third-party or provider mailed communication. If you do not receive an acknowledgement, please contact Casey Harrison (512) 370-1446 or Paige Green (512) 370-1447.

2. TMA Communicating to Third-Party or Provider

Medium

TMA will communicate by email, unless stated otherwise.

Acknowledgement

If the Provider does not acknowledge receipt of an email within two business days, TMA will call the provider. If the Provider does not respond to a call, then the communication will be sent by certified mail.

14. Procedures for Inquiries and Allegations of Noncompliance

TMA has a multi-tiered accreditation process for evaluating a Provider's compliance with TMA's CME Rules. As an additional safeguard, this TMA Policy Regarding Inquiries and Allegations of Noncompliance is implemented in response to concerns about Providers' compliance with TMA's CME Rules.

Definitions

TMA Initiated Concern. A concern identified by TMA, including without limitation as a result of communications with third parties.

TMA CME Policies. All policies made available to Providers by TMA.

TMA's CME Rules. TMA CME Policies, Standards for Commercial Support, and accreditation criteria required by the TMA.

Adverse Action. A reduction of a Provider's accreditation to Probation or Nonaccreditation.

Delivery or Delivered. The date that TMA sends a notification to a Provider by email or mail.

Notice of Alleged Noncompliance. A notification which explains why the Provider is in violation of TMA's CME Rules.

Notice of Inquiry. A notification which states that a Provider may not be in compliance with TMA's CME Rules and, to the extent known, which aspects of the Provider's activities or conduct may not comply with TMA's CME Rules.

Notice of Noncompliance. A notification that includes the following: The Committee on Continuing Education found the Provider in noncompliance; corrective action required of the Provider, if any; any Adverse Action or other action described in 7. B of this Policy; and a statement that if the notice includes an Adverse Action, the Provider has the right to request a reconsideration of the change in accreditation status pursuant to the Reconsideration and Appeal Policy.

Provider. TMA-accredited provider.

Reconsideration and Appeal Policy. TMA Procedures for Reconsideration and Appeal of Adverse Actions.

Third-Party Concern. Concerns raised by third parties in writing regarding a Provider's compliance with TMA's CME Rules.

Inquiry Process

Third-Party Concerns regarding organizations accredited by Texas Medical Association must be submitted by email or mail to TMA. Anonymous concerns will not be considered. The origin of the concern will remain confidential to agents of Texas Medical Association's Accreditation Program. Upon receipt of a properly submitted concern, the following procedures will be observed:

1. CME Department staff will review Third-Party Concerns or TMA Initiated Concerns.
2. If TMA determines that a Third-Party Concern or a TMA Initiated Concern does not relate to a Provider's compliance with TMA's CME Rules, then the matter will be closed, and TMA will notify any third parties that submitted Third-Party Concerns that it will not open an inquiry.
3. If TMA determines that a Third-Party Concern or a TMA Initiated Concern merits further review,
 - A. TMA will notify any third parties that submitted Third-Party Concerns that it will open an inquiry. TMA will not communicate further with third parties concerning the status or results of the inquiry other than to inform a third party that a matter has been resolved without indicating the resolution. Confidentiality of the individual or organization initiating the complaint will be protected in all communications with the Provider or related parties.
 - B. TMA will send the primary contact of the Provider a Notice of Inquiry, which will include information regarding the Third-Party Concern, or state that the issue being addressed is a TMA Initiated Concern. The name of the third party that submitted the Third-Party Concern will not be disclosed to the Provider. The Notice of Inquiry may request that the Provider transmit information to TMA. The Notice of Inquiry shall include a copy of this Policy and the Reconsideration and Appeal Policy.
4. The Provider shall transmit any information requested by TMA in the Notice of Inquiry within 21 days of Delivery of such Notice of Inquiry. If TMA requests further information, the Provider shall provide such information within 14 days of Delivery of such further request. At any time during an inquiry process, the Provider may send TMA a notice stating that the Provider did/does not comply with one or more TMA CME Rules identified in said notice, in which case TMA will have the right to take any of the actions described in No. 7. A and B; provided, however, that if TMA believes that the Provider may have violated TMA's CME Rules other than those identified in the Provider's notice, TMA may continue an inquiry.
5. As part of an inquiry related to TMA's content validity policies, the Provider shall submit to TMA, or provide access to, an unaltered set of all CME materials (e.g., audio/video recordings, slides or other content outlines, program book or other handouts) related to the CME activity at issue.

6. The time period for initiation of a Notice of Inquiry or a Notice of Alleged Noncompliance is: (a) 12 months from the date an activity ended, or in the case of a series, 12 months from the date of the session which is in question, or (b) 12 months from the date that an enduring material expires; provided, however, that if a Notice of Inquiry is Delivered within the time period with respect to the matter, then a Notice of Alleged Noncompliance regarding such matter may be Delivered to a Provider even if it is after the end date set by the time period, and the proceeding regarding such Notice of Alleged Noncompliance may continue.
7. The Subcommittee on Accreditation will review the information/materials received from the Provider and submit its recommendations to the Committee on Continuing Education. Reviewers/members of the subcommittee and committee used will not have conflicts of interest with the Provider. The committee will take action with the following possible results:
 - A. If the committee makes a finding of compliance, TMA will notify the Provider of the finding and the matter will be closed.

Allegations of Noncompliance Process

- B. If the committee concludes that a Provider is in noncompliance with TMA's CME Rules, TMA will send the primary contact of the Provider a Notice of Alleged Noncompliance. TMA may send a Provider a Notice of Alleged Noncompliance without having conducted an inquiry as described in 4. of this Policy. If the alleged noncompliance relates to a violation of TMA's content validity policies, the Notice of Alleged Noncompliance will include copies of any available reviews completed by committee members. The identity of members will be removed from the reviews. The Notice of Alleged Noncompliance will include a copy of this Policy and the Reconsideration and Appeal Policy.
8. The Provider will have the right to submit materials, which rebut the alleged noncompliance identified in the Notice of Alleged Noncompliance within 30 days of Delivery of the Notice of Alleged Noncompliance. At any time, a Provider may send TMA a notice by stating that the Provider did/does not comply with one or more of TMA's CME Rules identified in said notice, in which case TMA will have the right to take any of the actions described in No. 7. A and B; provided, however, that if TMA determines that the Provider has violated TMA's CME Rules other than those identified in the Provider's notice, the TMA will send the Provider notice of such determination and shall continue the process described in this Policy with respect to a Notice of Alleged Noncompliance.
9. Materials received from the Provider as well as any content review reports will be submitted for review, recommendation, and decision by subcommittee and committee members. Reviewers/members of the subcommittee and committee used will not have conflicts of interest with the Provider. The committee will take action with the following possible results:
 - A. If the committee makes a finding of compliance, TMA shall notify the Provider of the finding and that the matter will be closed.
 - B. If the committee makes a finding of noncompliance, TMA shall send the Provider a Notice of Noncompliance. TMA may also take the following actions when it sends the Provider a Notice of Noncompliance:
 - i. TMA may require the Provider to submit documentation of corrective action within 30 days of Delivery of the Notice of Noncompliance. If an activity is found to be in noncompliance with Standard for Commercial Support 1 (Independence), Standard for Commercial Support 5 (Content and Format without Commercial Bias), or the content validity policies, the Provider is required to provide corrective information to the learners, faculty and planners (the "Corrective Information"). The Provider shall submit a copy of the proposed Corrective Information to TMA for TMA's approval or modification prior to providing such Corrective Information to the learners, faculty and planners, and TMA will determine the content of the Corrective Information. In addition, TMA shall have the right to direct that learners, faculty and planners be informed by the Provider that in the opinion of TMA, certain information presented to the learners does not meet the TMA standards for content validity, and that in TMA's opinion a learner should not rely upon such information.

- ii. TMA may require the Provider to submit a monitoring progress report at a time determined by TMA.
 - iii. TMA may declare that a Provider no longer is accredited with commendation.
 - iv. TMA may take an Adverse Action, in which case the Provider shall be informed of its right to request a reconsideration pursuant to the Reconsideration and Appeal Policy.
10. If a Provider fails to convert noncompliance to compliance via documentation of corrective action and/or monitoring progress report, TMA reserves the right to take an Adverse Action, in which case the Provider will be informed of its right to request a reconsideration pursuant to the Reconsideration and Appeal Policy.
 11. Any communication to a Provider of an Adverse Action, other than those described in **Change in Accreditation Status due to Failure to Respond, Act, or Comply with a Course of Corrective Action or Monitoring Requirement**, will include a statement that the Provider has 30 days from Delivery of the communication to the Provider to request reconsideration under the Reconsideration and Appeal Policy and that the change in accreditation status will not become effective until the end of the 30 day period if the Provider does not ask for reconsideration, or until the end of the process under the Reconsideration and Appeal Policy if the Provider does ask for reconsideration. When a Provider requests a reconsideration on a timely basis, then the Provider will not be required to perform any corrective action until the completion of the process under the Reconsideration and Appeal Policy.
 12. At any point during any process described in this Policy, TMA reserves the right to require an immediate full or focused accreditation survey, including a full or focused Self-Study Report and interview.
 13. TMA has the right to grant extensions with respect to any time requirement contained in this Policy.

Change in Accreditation Status due to Failure to Respond, Act, or Comply with a Course of Corrective Action or Monitoring Requirement

TMA shall have the right to take an Adverse Action with respect to a Provider without following any other process described in this Policy if a Provider is determined by TMA to: have not submitted information required by this Policy within ten days after the prescribed deadline; have not taken action required by this Policy within ten days after the prescribed deadline; have not submitted a monitoring progress report within ten days after the prescribed deadline; and/or have not submitted documentation of corrective action within ten days after the prescribed deadline. Changes in accreditation status described in this paragraph shall not entitle the Provider to review under the Reconsideration and Appeal Policy and shall not require review by the subcommittee and action by the committee.

If a Provider submits documentation of corrective action but TMA determines that such action does not demonstrate compliance with TMA's CME Rules, or if a Provider submits a monitoring progress report and TMA determines that the actions reported do not show compliance with TMA's CME Rules, then TMA reserves the right to take an Adverse Action. The Provider shall have the right to request Reconsideration under the **Reconsideration and Appeal Policy** within 30 days from the Delivery of a communication to the Provider of an Adverse Action under the circumstances described in the immediately preceding sentence.

15. Reconsideration and Appeal of Adverse Accreditation Decisions

The Reconsideration Process

1. A Provider's request for Reconsideration must be submitted within 30 calendar days of the Provider's receipt of Notice of Adverse Action. Otherwise, the Adverse Action decision made by TMA becomes final.
2. Requests for reconsideration should be filed only under one or more of the conditions listed below. The request must cite the condition(s) under which the request is being filed and provide information and documentation to substantiate the request.

- The committee’s decision was based on the evaluation of arbitrary factors not addressed in written requirements of the accreditation requirements and policies as published and distributed to all accredited providers prior to the time of the review.
 - The Provider was not given sufficient opportunity to provide documentation of its compliance with the accreditation requirements and policies.
 - The adverse decision was not supported by sufficient evidence that the provider was significantly out of compliance with written requirements of the accreditation requirements and policies.
3. The request must be based on documentation and conditions that existed at the time of the accreditation review. Proposed changes to the program and changes or additional documentation created after the provider’s survey may not be submitted or used in Reconsideration of the committee’s decision.
 4. The Provider’s request for Reconsideration must include all documents, data, and information in support of its request for Reconsideration, and all materials must be submitted to TMA.
 5. A Reconsideration related to an accreditation review of a Provider will be based upon the Provider’s entire continuing medical education program as it existed at the time of the Notice of Adverse Action.
 6. If a request for Reconsideration is properly filed, the Provider’s status will remain as it was prior to the adverse decision until the committee has completed action on the request. Upon receipt of the request, two members of the Subcommittee on Accreditation, who were not members of the original survey team, will be asked to review the request. These reviewers will be provided with all material used in the accreditation decision as well as information and documentation submitted with the request for Reconsideration.
 7. The review team will submit a report of its findings to the Subcommittee on Accreditation and the Committee on Continuing Education for action at their next regularly scheduled meeting. Within ten working days of the committee’s action, the Provider will be notified of the committee’s decision which either sustains, amends, or reverses the Adverse Action decision. TMA will issue a Reconsideration decision and send the Provider a Notice of the Reconsideration Decision.
 8. If the adverse decision is sustained, the Provider will be advised of its right to appeal this decision. If a request for appeal is not received within the defined deadline, the committee’s decision will be final and will be retroactive to the date of the original action.

Appeal of an Adverse Reconsideration Process

Request for appeal will be accepted *only* in cases where the adverse decision is first upheld under the Reconsideration process. If the committee sustains its adverse decision the Provider may request a hearing within 30 calendar days following the date of receipt of the Notice of Reconsideration Decision. If a request for an appeal is not received by TMA within 30 calendar days following the date of Provider’s receipt of the Notice of Reconsideration Decision, the Adverse Action of TMA will be final.

1. A request for appeal may be filed only under one or more of the conditions listed below. The request must cite the condition(s) listed below and include documentation to substantiate the request.
 - The committee’s decision was based on the evaluation of arbitrary factors not addressed in written requirements of the accreditation requirements and policies as published and distributed to all accredited providers prior to the time of the review.
 - The Provider was not given sufficient opportunity to provide documentation of its compliance with the accreditation requirements and policies.
 - The adverse decision was not supported by sufficient evidence that the Provider was significantly out of compliance with written requirements of the accreditation requirements and policies.
2. The Provider’s appeal may be based only on documentation and conditions that existed at the time of the accreditation review. Proposed changes to the program and changes or additional documentation created after the Provider’s survey may not be submitted or considered in the Appeals process.

3. If a request for appeal is properly filed, the Provider's status will remain as it was prior to the adverse decision until the Council on Medical Education has taken final action on the appeal.
4. Within 20 working days of receipt of the request for appeal, a list of four individuals qualified and willing to serve as potential members of the appeals board shall be prepared under direction of the Chair of the TMA Council on Medical Education. Members of the Committee on Continuing Education, its Subcommittee on Accreditation and individuals with affiliations or relationships with the appellant which could pose a potential conflict of interest shall be excluded from the list.
5. The names of the four potential members will be sent to the Provider. At its direction, the Provider may eliminate one name from this list, thus rendering this individual ineligible to serve. Within ten working days of receipt of the list of potential members, the provider shall notify the Chair of the Council on Medical Education of its preferences. The Provider may accept all four individuals as suitable members or specify the exclusion of one of these individuals.
6. Upon receipt of the Provider's response, the Chair of the Council on Medical Education shall appoint three individuals from the names remaining on the list to serve as the appeals board and shall notify the provider of this selection.
7. An appeals board hearing will occur within 90 days following appointment of its members. At least 30 days prior to its scheduled occurrence, the Provider will be notified of the time and place of the hearing.
8. The appellant Provider may request and obtain all relevant information from its accreditation file on which the committee's decision was based. Representatives of both the Provider and the Committee on Continuing Education may submit written statements and additional clarifying data for consideration and may be present at the appeals board hearing to discuss findings of the review. These rights shall be subject to the following condition: ***Additional information submitted and discussed may be used only to clarify conditions existing at the time of the Provider's review.*** New information or conditions reflecting proposed changes to the program or changes made after the review and the adverse decision may not be considered in appeal.
9. All written statements and documentation to be used in the appeal, and the names of the representatives each party wishes to have present at the hearing, must be submitted to the appeals board and to representatives of both the Provider and the TMA Committee on Continuing Education at least 15 working days prior to the scheduled hearing.
10. Within 15 working days following the hearing, the appeals board shall submit its findings and recommendations to the Chair of the Council on Medical Education for action at the council's next regularly scheduled meeting.
11. The recommendation of the appeals board and action of the council shall be based collectively on: records and information contained in the Provider's application file, additional written statements and information submitted in accordance with the above appeals procedures, and verbal presentations provided at the appeals hearing.
12. The decision of the Council on Medical Education will be final. This action will be retroactive to the date of the meeting at which action originally was taken by the Committee on Continuing Education.
13. Travel expenses of members of the appeals board will be equally shared by the appellant Provider and Texas Medical Association. Expenses of representatives who attend the appeals hearing on behalf of the appellant will be the responsibility of the appellant. Expenses of representatives who attend on behalf of the Committee on Continuing Education will be the responsibility of TMA.

Non-accreditation decisions delivered as a result of administrative issues such as failure to submit fees are not eligible to the Reconsideration and Appeal Process.

Glossary of Terms

Accreditation

The framework by which a program of CME is assessed to determine whether the program meets the accreditor's requirements.

Accreditor

An organization (i.e., TMA) that sets and enforces the standards for CME provider organizations and/or activities through review and approval of organizations/activities and monitors and enforces guidelines for these organizations/activities.

Accreditation criteria

The requirements against which CME providers' compliance is determined in order to achieve or maintain accreditation.

Accreditation decision

The decisions made by an accreditor concerning the accreditation status of CME providers. In the TMA System, there are five options for accreditation status: Provisional Accreditation, Accreditation, Accreditation with Commendation, Probation, and Nonaccreditation.

Accreditation interview

A step in the accreditation and reaccreditation process. In the TMA System, surveyors review the CME provider's self-study report and performance-in-practice files, and then meet with the provider for the interview portion of the reaccreditation process. The purpose of the interview is for the provider to explain how the CME program fulfills accreditation requirements, and to discuss its strengths, accomplishments, and challenges.

Accreditation statement

The standard statement that must appear on all CME activity materials and brochures distributed by TMA accredited providers. There are two variations of the statement; one for directly provided activities and one for jointly provided activities.

Accreditation with Commendation

The highest accreditation status available in the TMA System, accompanied by a six-year term of accreditation; available only to providers seeking reaccreditation, not to initial applicants.

Accredited CME

The term used to refer to continuing medical education that has been deemed to meet the requirements and standards of a CME accrediting body.

Accredited CME provider

An organization accredited as a provider of continuing medical education. Accredited CME providers assume the responsibility and accountability for developing certified educational activities. TMA-accredited providers offer CME primarily to learners from Texas or contiguous states. ACCME-accredited providers represent a range of organizational types and offer CME primarily to national or international audiences of physicians and other health care professionals.

AMA core requirements

The AMA requirements that every activity certified for *AMA PRA Category 1 Credit™* must meet. They can be found in the AMA PRA booklet.

AMA Credit Designation Statement

The statement that indicates that the activity has been certified for *AMA PRA Category 1 Credit™* and includes the type of activity and number of credits.

AMA Direct Credit Activities

Activities that do not occur under the auspices of an accredited CME provider and for which the AMA directly awards credit to physicians who meet the requirements as listed in the AMA PRA booklet.

AMA Physician's Recognition Award (PRA)

The AMA PRA has recognized physician participation in CME since 1968. The AMA established the PRA certificate and the related AMA PRA credit system to recognize physicians who, by participating in CME activities, demonstrate their commitment to staying current with advances in medicine. More information can be found in the AMA PRA booklet.

AMA PRA Category 1 Credit™

The type of CME credit that physicians earn by participating in certified activities sponsored by CME providers accredited by either the ACCME or an ACCME-recognized State/Territory Medical Society (e.g., TMA); by participating in activities recognized by the AMA as valid educational activities and awarded directly by the AMA; and by participating in certain international activities recognized by the AMA through its International Conference Recognition Program.

AMA PRA Category 2 Credit™

Credit that is self-claimed and self-documented by physicians by participating in activities that are not certified for *AMA PRA Category 1 Credit™* and that the physician individually determines comply with the AMA definition of CME; and comply with the relevant AMA ethical opinions (see CEJA Opinions relevant to CME); and are not promotional; and the physician finds to be a worthwhile learning experience related to his/her practice.

AMA PRA CME credit system

Developed in 1968, the credit system initially described the type of educational activities that would qualify to meet the requirement to obtain the AMA's PRA (See "Physician's Recognition Award"). The AMA PRA Standards and Policies have evolved and now AMA PRA credit has been accepted as an educational metric for the purposes of state licensure, professional credentialing, hospital privileging and maintenance of certification of physicians.

Annual Report Data

Data that accredited providers are required to submit to the ACCME on at least an annual basis describing their overall CME program. This information includes summary data about the numbers and types of CME activities, the hours of instruction, the numbers of physician and other learner participants, and some financial information. The ACCME analyzes this data to monitor changes in individual CME programs as well as to assess trends across the CME enterprise. Each year, the ACCME publishes the aggregated information, offering a comprehensive analysis of the size and scope of the CME enterprise nationwide.

Certified CME

Nonpromotional learning activities certified for credit prior to the activity by an organization authorized by the credit system owner, or nonpromotional learning activities for which the credit system owner directly awards credit.

CME activity

An educational offering that is planned, implemented, and evaluated in accordance with the TMA Core Accreditation Criteria, Standards for Integrity and Independence in Accredited Continuing Education, and policies; the AMA Physician's Recognition Award CME credit system standards and policies; and the AMA Council on Ethical and Judicial Affairs pertinent opinions.

CME credit

The “currency” assigned to CME activities. Physicians and other healthcare professionals use credits to meet requirements for maintenance of licensure, maintenance of specialty board certification, credentialing, membership in professional societies, and other professional privileges. The requirements for credit designation are determined by the organization responsible for the credit system. Besides the AMA, other organizations in the US that administer credit systems for physicians include the American Academy of Family Physicians and the American Osteopathic Association. Please refer to those organizations for more information. See *AMA PRA Category 1 Credit™* and *AMA PRA Category 2 Credit™* above.

Commercial bias

Content or format in a CME activity or its related materials that promotes the products or business lines of an ineligible company.

Commercial support

Monetary or in-kind contributions given by an ineligible company that is used to pay all or part of the costs of a CME activity. The requirements for receiving and managing commercial support are explained in the Standards for Integrity and Independence in Accredited Continuing Education. Income from marketing activities is not considered commercial support.

Competence

In the context of evaluating effectiveness of a CME activity in the TMA System, the extent to which learners know how to implement (or stop doing) what the activity intended to teach them.

Compliance

The finding given when a CME provider has fulfilled the TMA’s requirements for the specific criterion in the Core Accreditation Criteria, the specific standard in the Standards for Integrity and Independence in Accredited Continuing Education, or specific policy.

Continuing Medical Education (CME)

The educational activities that serve to maintain, develop, or increase the knowledge, skills, and professional performance and relationships a physician uses to provide services for patients, the public, or the profession. CME represents that body of knowledge and skills generally recognized and accepted by the profession as within the basic medical sciences, the discipline of clinical medicine, and the provision of health care to the public.

Continuing Professional Development (CPD), or Continuing Physician Professional Development (CPPD)

Includes all activities that doctors undertake, formally and informally, including CME, in order to maintain, update, develop, and enhance their knowledge, skills, and attitudes in response to the needs of their patients.

Co-provided activity

A CME activity presented by two or more accredited providers. One of the accredited providers must take responsibility for the activity in terms of meeting TMA and AMA requirements and reporting activity data to the ACCME.

Council on Ethical and Judicial Affairs (CEJA)

The AMA elected body responsible for developing ethics policy for the AMA. Comprising seven practicing physicians, a resident or fellow, and a medical student, CEJA prepares reports that analyze and address timely ethical issues that confront physicians and the medical profession. CEJA maintains and updates the AMA Code of Medical Ethics, widely recognized as the most comprehensive ethics guide for physicians. In addition, CEJA has judicial responsibilities, which include appellate jurisdiction over physician members' appeals of ethics-related decisions made by state and specialty medical societies. To protect the integrity and quality of the CME enterprise and to support the autonomy of physicians as voluntary participants in CME

activities, CEJA has rendered Opinions 9.2.6, Ethical Issues in CME; 9.2.7, Financial Relationships with Industry in Continuing Medical Education; and 9.6.2, Gifts to Physicians from Industry. Activities certified for AMA PRA Category 1 Credit™ must be developed in accordance with these opinions.

Designation of CME credit

The declaration that an activity meets the requirements for a specific type of credit. The accredited provider is responsible to those organizations that administer credit systems for compliance with applicable credit requirements. Note: The designation of credit for CME activities is not within the purview of TMA or the ACCME or ACCME Recognized Accreditors.

Directly provided activity

One that is planned, implemented, and evaluated by the accredited CME provider. This definition includes co-provided activities (offered by two accredited providers) reported by the accredited provider that awards the credit.

Faculty

The individuals responsible for teaching, authoring, or otherwise communicating the activity content to learners.

Hours of instruction

Hours of instruction represent the total hours of educational instruction in a CME activity. The information is used for the purpose of reporting the activity in PARS. For example, if a one-day course lasts eight hours (not including breaks or meals), then the total hours of instruction reported for that course is eight. Hours of instruction may or may not correspond to the number of AMA PRA Category 1 Credits™ for which the activity is designated.

In-kind commercial support

In the context of the Standards for Integrity and Independence in Accredited Continuing Education, non-monetary resources provided by an ineligible company in support of a CME activity. Examples of in-kind support include equipment, supplies, and facilities.

Ineligible company

A company whose primary business is producing, marketing, selling, re-selling, or distributing healthcare products used by or on patients. An ineligible company is not eligible for TMA accreditation or participation in joint providership.

Jointly provided activity

An activity that is planned, implemented, and evaluated by an accredited provider and one or more non-accredited entities.

Knowledge

In the context of educational needs for a CME activity in the TMA System, the extent to which learners have a need for new information.

Marketing income

Advertising, sales, exhibits, and promotion are marketing activities and not continuing medical education. Therefore, monies paid by ineligible companies to providers for these activities are not considered to be commercial support under the Standards for Integrity and Independence in Accredited Continuing Education.

Nonaccreditation

The accreditation decision by TMA that a CME provider has not demonstrated compliance with the appropriate TMA requirements.

Noncompliance

The finding given by TMA when a CME provider does not fulfill the TMA's requirements for the specific criterion in the Core Accreditation Criteria, the specific standard in the Standards for Integrity and Independence in Accredited Continuing Education, or specific policy.

Parent organization

An outside entity, separate from the accredited provider, that has control over the accredited provider's funds, staff, facilities, and/or CME activities.

Performance

In the context of evaluating effectiveness of a CME activity in the TMA system, the extent to which learners do what the CME activity intended them to be able to do (or stop doing) in their practice.

Performance-in-practice review

During the initial accreditation, reaccreditation, and progress report processes, TMA selects activities to review from the CME provider's current accreditation term. The provider then submits materials documenting how these activities fulfilled accreditation requirements. This process enables TMA to ensure that accredited providers are consistently complying with requirements on an activity level.

Probation

Accreditation status given by TMA to accredited providers that have serious problems meeting TMA requirements. Probation may also be given to providers whose progress reports are rejected. The accredited provider must correct the noncompliance issues in order to return to a status of Accreditation. While on probation, a provider may not jointly provide new activities.

Program of CME

The provider's CME activities and functions taken as a whole.

Provisional Accreditation

A two-year term given to initial applicants in the TMA System that comply with the Core Accreditation Criteria, Standards for Integrity and Independence in Accredited Continuing Education, and applicable policies.

Progress Report

Accredited providers that receive noncompliance findings in the Core Accreditation Criteria, Standards for Integrity and Independence in Accredited Continuing Education, or policies must submit a progress report to TMA demonstrating that they have come into compliance. If the accredited provider successfully demonstrates compliance, the progress report is accepted, and the provider can then complete its accreditation term. If the progress report does not yet demonstrate compliance, the accredited provider will be required to submit a second progress report to address the areas of noncompliance. TMA can also place an accredited provider on Probation or issue a decision of Nonaccreditation after reviewing a progress report.

Program and Activity Reporting System (PARS)

A web-based portal from the ACCME designed to streamline and support the collection of program and activity data from accredited CME providers. PARS is also used by accredited providers to register CME activities that will count for Maintenance of Certification™ and other uses, such as the Food and Drug Administration's Risk Evaluation and Mitigation Strategies (REMS).

Provisional Accreditation

A two-year term given to initial applicants in the TMA System that comply with the Core Accreditation Criteria, Standards for Integrity and Independence in Accredited Continuing Education.

Self-study report

One of the data sources used in the TMA process of accreditation or reaccreditation. When applying for accreditation or reaccreditation, CME providers prepare a report to explain their accomplishments and practices related to the Accreditation Criteria and policies, assess areas for improvement, and outline a plan for making those improvements.

Standards for Integrity and Independence in Accredited Continuing Education

TMA/ACCME requirements designed to: (1) ensure that accredited continuing education serves the needs of patients and the public; (2) present learners with only accurate, balanced, scientifically justified recommendations; (3) assure healthcare professionals and teams that they can trust accredited continuing education to help them deliver safe, effective, cost-effective, compassionate care that is based on best practice and evidence; and (4) create a clear, unbridgeable separation between accredited continuing education and marketing and sales. The Standards comprise five standards: (1) ensure content is valid; (2) prevent commercial bias and marketing in accredited education; (3) identify, mitigate, and disclose relevant financial relationships; (4) manage commercial support appropriately; and (5) manage ancillary activities offered in conjunction with accredited continuing education.